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ORIGINAL ARTICLES.		ANNOTATIONS		PAGES	
THE BLENDED TOCCI BROTHERS, OF LOCANA, ITALY. By Robert P. Harris, M.D.	555	Superhuman Skill in the Cure of Incurable Diseases	569	Pulmonary Affections Which May Lead to Phthisis. <i>Squire</i>	574
CARDIAC REMEDIES—THEIR MODE OF ACTION AND ADAPTATION. By T. H. Weagly	557	Dr. Cohen's Paper	569	Copaiba in Atrophic Cirrhosis of the Liver. <i>Gheorgievsky</i>	574
A HISTORICAL SKETCH OF OTOTOLOGY. By S. MacCuen Smith, M.D.	559	Microscopical Observations on the Blood and Excreta in Cases of Asiatic Cholera	569	Origin of Insanity. <i>Bucke</i>	574
SURGERY OF THE RECTUM. By Lewis Schooler, M.D.	561	Dyspepsia	569	PHYSIO-MEDICALISM. <i>Columbus Med. Jour.</i>	575
A PRELIMINARY REPORT ON THE ACTION OF CREATIN UPON TUBERCULOSIS IN HUMAN BEINGS	562	LETTERS TO THE EDITOR.		THERAPEUTIC NOTES. <i>Ring</i>	575
SOCIETY NOTES.		Principles Underlying the Treatment of Pneumonia. <i>Dunham</i>	569	Esalpine. <i>Gazette de Gynecologie</i>	575
MEDICAL AND SURGICAL SOCIETY, OF BALTIMORE	563	Parotitis Following Pneumonia. <i>Hurd</i>	570	Lysol. <i>Gazette de Gynecologie</i>	575
Malformation of the Rectum and Anus	563	BOOK NOTICES.		The Teeth of Eve. <i>La Mere et L'enfant</i>	575
An Obscure Case of Osteomyelitis	563	Atlas of Clinical Medicine. <i>Bramwell</i>	571	Urethritis in Women. <i>Eberman</i>	575
Hemoglobinuria	564	Diseases of the Eye. <i>De Schweinitz</i>	571	FRENCH NOTES. <i>Roussel</i>	575
INDIANA STATE MEDICAL SOCIETY	564	Bureau of Education. <i>Campbell</i>	572	Phenate of Cocaine. <i>Oefele</i>	575
Prognosis and Treatment of Asthma	564	The History of Higher Education in Ohio. <i>Knight and Commores</i>	572	GERMAN NOTES. <i>Marcus</i>	576
Malarial Intoxication—Rare Cases	564	Treatise on Gynecology, Medical and Surgical. <i>Pozzi</i>	572	Tumenol. <i>Heivuser</i>	576
Inflammation, Past and Present	564	Diseases of the Nervous System. <i>Bauduy</i>	572	Hydrochlorate of Phenocoll. <i>Berl. Klin. Wochenschrift</i>	576
Etiology of Diphtheria	564	Transactions of the American Orthopedic Association	572	Prof. Richorst's Experience with Phlenocoll	576
Prescriptions and Prescription Writing	565	Clinique des Maladies du Systeme Nerveux. <i>Charcot</i>	572	Thiophendijodid a Substitute for Iodoform. <i>Pharmac. Presse</i>	576
Bacteriological Investigation	565	Recherches Cliniques et Therapeutiques sur L'Epilepsie, L'Hysterie et L'Idiotie. <i>Bourneville</i>	572	Ichthyol in Fissured Nipples. <i>Ochren</i>	577
Preternatural Sleep	565	Illinois State Board of Health, 11th Annual Report, 1888	572	Habitual Abortion. <i>Turazza</i>	577
Xeroderma Pigmentosum	565	Cancer and Its Treatment. <i>Lewis</i>	572	Nitrate of Silver in Chronic Gastric Catarrh. <i>Forlanini</i>	577
CLINICAL SOCIETY OF MARYLAND	565	Uses of Water in Modern Medicine. <i>Baruch</i>	572	Ointment in Measles, Scarlatina, and Vari-cella. <i>Klein</i>	577
The Mechanism of Axis Traction Forceps	565	THE MEDICAL DIGEST.		Oxyuris Vermicularis. <i>Mincobi</i>	577
Death Following Supra Pubic Aspiration of the Bladder	565	Methylene Blue. <i>Thayer</i>	572	Broncho Pneumonia. <i>Baccelli</i>	577
Idiopathic Pericarditis	566	The Treatment of Pernicious Remittent Fever. <i>Davis</i>	573	Stable Morphia Solution. <i>Rundsch. f. Pharmacie</i>	577
EDITORIAL.		Alcohol and Tobacco Poisoning. <i>Delafield</i>	573	Treatment of Tuberculosis	577
TRADE JOURNALS	568	"Grey Powder" for Syphilis. <i>Lewis</i>	573	Laryngeal Tuberculosis. <i>Cozzolino</i>	578

Original Articles.

THE BLENDED TOCCI BROTHERS, OF LOCANA, ITALY.¹

By ROBERT P. HARRIS, M.D.

DR. HARRIS brought to the notice of the College an enlarged photograph of this remarkable monstrosity, which had been prepared for the Mütter Museum at the desire of its curator, and made the following remarks:

We have here a nude representation of what we must regard as the most remarkable duplex monstrosity that the world has seen since the death, three hundred and seventy-four years ago, of their Scotch analogue who had reached the age of twenty-eight years. This peculiar type of blended twins appears, on an average, twice in a century, as there have been about a dozen in the last six hundred years, and but two in the current century. The most remarkable feature about the Locana twins is that they are living and in good health at the age of fourteen and a half years, and bid fair to reach mature age, because of the perfection and independence of their thoracic and abdominal viscera. In the last six hundred years but two monstrosities of the same type have lived out their first year: and this early mortality we must attribute to a want of internal anatomical symmetry, and particularly to an abnormal construction of the heart and distribution of the blood-vessels in one twin. It is doubtful if united twins are ever equals in mental and physical vigor, and the Tocci brothers are as nearly alike in health and strength as has been the case in the subjects that have lived the longest.

¹ Read before the College of Physicians of Philadelphia, May 4, 1892.

The photograph before us represents the boys in a standing position, but it will be seen at once that they are mainly sustained in it by the use of their arms, and that this is more markedly the case with the left twin, whose shoulder is forced upward, because of the weak support given by his club-foot and imperfectly developed leg.

These twins were born in Piedmontese, Italy, on October 4, 1877, after a labor of eight hours, under a midwife, the head of the right boy, Giovanni, coming first; and he appears to have held that relative position, in a mental sense, ever since. Giacomo's head soon followed, and then came the double thorax, a single abdomen, one pair of legs, and a single placenta. Nothing was said about the cord, except that there was but one; but it was no doubt composed of six vessels—four arteries and two veins. The twins weighed eight and three-quarters pounds when a month old, and probably a pound less at birth. When three years old, as shown by a photograph, they had narrow shoulders, corpulent abdomen, and, for their age, large testicles. Giovanni had a long face and a girl-like appearance, but his head circumference has always been a little the larger of the two.

These xiphodidymi belong to the class that is distinguished by having two heads, four arms and only two legs. In general outline they resemble, when their legs are together, a letter Y—the heads, shoulders and chests down to the sixth ribs making the V, and the abdomen and legs the I, or stem. Their present weight is ninety-five pounds, which is about that of a healthy, robust boy of their age. Their arms, having much more exercise than their legs, are larger, in proportion to their age, than the latter; and the glutei muscles of Giacomina are badly developed, because of his talipes equino-varus, and consequent inability to develop them by exercise. Single boys of fourteen, as a rule, have much better

developed legs than arms, which led to the expression in war times: "Better fitted for running away than handling a musket." But the Tocci boys are the reverse of this in strength.

If we had a back view of the monstrosity, it would show their two inner arms crossing each other over to their outer shoulders, in the position in which they usually hold them; two converging spinal sulci extending down to two sacra; two outer nates, as in a single subject; and two little rudimentary nates with a cleft between them, located over the intra-sacral symphysis. They have no rudimentary nodule to represent an attempt at the formation of a third leg, as has been found in some analogues.

As they look at you, the two boys are quite different in facial contour, and Giovanni is generally credited with having the better mind; but their faces in profile bear a closer resemblance. They have fair skins, and at times a rosy color, and thick, brown hair. Their bodies are short, and they are below the medium height for their years. Their facial expression is not a happy one, when in repose, and reminded me of what I have noticed in boys having deformed feet—a shame faced look.

In measure of health the twins compare well with normal children of their own sex, having had but little sickness since birth, and not having lost a day therefrom since they commenced to exhibit themselves in the United States, six months ago.

Giovanni is the stronger and more erect of the two, has the better ear for music, learns a foreign language the more readily, and is generally the more intelligent of the two. He has a natural talent for drawing, and is devoted to making pictures of our domestic animals, such as the horse, cow, etc., and of some of the savage quadrupeds, as of the lion and tiger. Giacomo is the critic in art, although drawing but little, and his taste is for caricatures. The brothers converse a great deal together. They are both right-handed, although one might have supposed that Giacomo would have naturally preferred his free arm, the left.

The boys have each two lungs, the outer being the larger, and are forced to breathe largely by their diaphragms. They have separate and distinct hearts located in the left chest-cavity respectively, and these hearts are believed to be normal in structure. Giovanni feels his heart beating on the left side—and if either boy had an abnormal cardiac structure, he should be the one—yet his color and health indicate the contrary. The cardiac beats are not synchronous, and one heart generally pulsates a little quicker than the other.

They have two stomachs, and that of Giovanni is said to be reversed, the greater curvature being to the right, as was the case in Rita, of the Sassari girls of 1829. I was not permitted to verify this, because of the opposition of the father. These two stomachs are as independent functionally as if they occupied two different abdomens. Recently, when traveling by railroad, one of the boys became very pale, and directly vomited the contents of his stomach,¹ while the other was so entirely free from nausea that he laughed at his brother for his mishap. One brother may wake up hungry, drink a cup of coffee, and eat something, while the other remains asleep. The two stomachs do not appear to be influenced in the least by being in contact, but only by their respective pneumogastric nerves.

¹ This was repeated by Giacomo in public on April 23, 1892, at the Dime Museum, Philadelphia.

There are evidently two sets of intestines—large and small. One boy can have a desire to defecate when the other has not; and this is particularly the case when one has a diarrhoea, in which event he only has a discharge, while the other is passive. There must, therefore, be two colons, as were found on autopsy in the Pauda boys of 1691. They have probably a common rectum, as had also the Pauda analogue; but it is possible that this part of the bowel may be bifid, which would be an interesting feature to determine by touch or speculum. The twins, from habit and convenience, defecate almost always at the same time.

They have two bladders and one urethra, as had also the Pauda boys, although they usually urinate together. As their tastes for food and desire to drink are not the same, one boy may be awakened from his sleep in the morning by a distended bladder and empty it without waking up the other, in whom the kidneys have been less active.

My catechetical examinations made last month confirm the opinions respecting the anatomy of the twins that were formed after auscultation, percussion, and a knowledge of their habits, by Drs. Fubini and Mosso, of Turin, in their second month, and by Drs. Colrat and Rebatel, of Lyons, in their thirteenth. The conjectural belief that they might have two colons has been changed into one of knowledge, as shown by their independence in defecation. In the event of an autopsy, these colons will no doubt be found of small caliber, and quite abnormal as to length and direction. We are warranted in this belief by discoveries that have already been made in the examination of dead analogues. Even the single colon of a double monster is quite abnormal.

The boys are quite differently affected by changes of temperature. Giovanni requires less underwear than his brother, and will perspire freely on a hot day, while Giacomo has a dry skin. Either brother may be seized with an attack of coryza, as the effect of a direct wind-draught, when the other entirely escapes. They sleep upon the back—or, more correctly, each is in a dorso-lateral position, and places the side or back of his head upon the pillow. They usually sleep eight or nine hours continuously. For a change of position they sometimes turn over upon their abdomen for a short time, but never sleep in this form of decubitus.

A prick with a pin in the median line of union is felt by both brothers, but the sensation is lost to one twin in passing to either side. The penis is said to have a sensation common to each, and the scrotum has a partial one beyond the medial line. It is claimed that one twin feels a little when his brother's testicle is touched, which I believe to be an error, the sense being in the skin only, as the testicles are supplied with nerves through the inguinal canal. The penis and testicles are in an undeveloped state, being small for their age. The penis becomes erect, but the boys have no knowledge of its sexual function.

The two legs are entirely independent, and each belongs to, and is controlled by, the boy whose head is on the same side. One boy does not feel a touch upon the other boy's leg, and has no power, by his will, to give it the least motion. It is possible that the twins might balance themselves so as to stand, as their Scotch analogue is said to have done, if the leg and foot of Giacomo were as well formed as those of Giovanni, and had the same degree of strength that the latter appear to have.

Whether the boys have two separate livers, or a double one, with two gall-bladders, has not yet been

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ascertained, for want of permission to make the required examination. Having two bladders, they may have two pairs of vesiculæ seminales, but are more likely to have one to each bladder, with one vas deferens and one ejaculatory duct, as this would be in correspondence with the existence of one testicle to the owner of each bladder, and one urethra for the exit of the ducts. I find no reference to the seminal vesticles in any reports of autopsies made in male analogues.

With regard to the other viscera, we can only form an inferential opinion, as follows: The spleens are small, and located right and left to correspond with the positions of the stomachs. The pancreases have their heads facing each other, to correspond with the curve of each duodenum. The kidneys are in two pairs, the outer being large and the inner being small, or, perhaps, rudimentary. It is rare to find no trace of the two inner kidneys where the spinal columns are well separated so as to give space for them.

I see no reason why these Tocci boys may not live a number of years yet. Giovanni is the stronger, mentally and physically, but the difference is not much marked, and no special element of weakness likely to shorten life appears to have been discovered in Giacomo. They have both learned a certain measure of French and German, and can both sing, Giovanni having the higher-pitched voice. One of the Scotch twirls already mentioned as having reached the age of twenty-eight, is recorded as having been quite stupid when compared to his brother. We have no such difference to record here.

CARDIAC REMEDIES—THEIR MODE OF ACTION AND ADAPTATION.¹

BY T. H. WEAGLY,
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MR. CHAIRMAN AND GENTLEMEN: For the somewhat erratic title and subjects of this paper a word of explanation may not be inappropriate. As sequelæ of the late epidemic, or rather pandemic, of la grippe doubtless most of us have met with various obscure neuroses, vasomotor disturbances and cardiac complications, the successful management of which taxed our resources to the utmost. It was while casting about for adaptable medication for the latter conditions that the preparation of this limited sketch suggested itself, and feeling that although we may have little new to add, it is well to occasionally reburnish our old armamentarium, the following is submitted.

The title of this paper, an "Inquiry Into the Mode of Action of the Various Cardiac Remedies," would doubtless lead one to infer that the author had some new, important, or striking axiom, the result of scientific research, to present. Such, however, is not the intent or expectation of the writer, as a simple résumé of physiological effects, as interpreted to some extent from a limited personal experience, is all that he hopes in a feeble way to offer.

For convenience the cardiac remedies may be divided into two general classes, excito-motors and motor-depressants, or possibly more appropriately stimulating and sedative. This classification, however, cannot be rigidly defined, there being no absolute line of division, as a remedy may be primarily stimulating, yet depressant in its ultimate effect by its influence upon another source of functional activity.

In reviewing the list we will inverse the order of classification, and first consider those more distinctly sedative or depressant, beginning with but a passing reference to the different preparations of the bromides and a few narcotics.

Bromides reduce the number of cardiac pulsations, also their force; while the arterial tension is lowered. They are serviceable in increased action of the heart, due to irritation of the sympathetic. Exophthalmic goitre, hysterical palpitations and plethoric throbbing contra-indicated in all cases accompanied anemia. When the continued administration of the bromides is indicated hydrobromic acid should be given, and, if effective, should be preferred, as it does not produce the loss of muscular power that is engendered by continued use of the simple bromides. If ineffective the bromide of lithia should be prescribed as least objectionable, while the dose required is but half that of the other preparations.

Narcotics.—Most of the narcotics, while primarily and very transiently slightly stimulating, are ultimately depressant in their action, especially in large or toxic doses. And here it may be opportune to remark that a large number of important drugs exert in the system antagonistic actions. Thus atropia stimulates the spinal cord, but destroys the conducting power of the nerve trunks; hence, it is evident when from some organic cause one or the other of these influences predominate there may be either convulsions or paralysis. Another law governing the action of remedies is, that the more highly developed a system or organ the more readily is it affected by a medicine. For this reason in the highly organized cerebrum of man the primary effect of opium is stupor and relaxation, while in frogs, whose spinal systems are developed out of proportion to the brain tetanic, convulsions are produced previous to symptoms of stupor.

Aconite lessens the pulse rate, lowers the arterial tension, slows respiration and increases elimination of both skin and kidneys; but it is irritating in inflammatory conditions of the intestinal canal. It is eliminated in about eight hours. Death from toxic doses may or may not be preceded by convulsions, dependent upon individual peculiarities before mentioned. Useful in premonitory stages of pneumonia by lessening the pulse rate, by its soothing effect upon respiration and its action upon the secretions. In over action of the heart from plethora, sthenic inflammatory disorders, hypertrophy without valvular lesions, or where hypertrophy is in excess of compensation.

Veratrum lowers remarkably the force and number of cardiac pulsations, increasing action of skin and liver. Its effects continue two hours, hence must be frequently repeated. By careful administration and the addition of a little opium, nausea may sometimes be avoided. Useful to prevent undue reaction after serious injuries, especially of the abdominal organs. To control acute mania and furious delirium, due to cerebral hyperæmia. Excellent results may be obtained by its administration in cases of aneurisms to favor coagulation. When under its influence it is important that the patient remain recumbent.

Muscarine depresses heart's action, and strongly contracts pulmonary capillaries. Thus might be useful in congestion of the lungs, contra-indicated when bronchial secretion is excessive. Pulsatilla and phytolacca depress heart's movements, but are not remarkable for any special action on circulation; likewise systemic emetics, anæsthetics and numerous cerebral sedatives, although depressing, are not spe-

¹ Read before the Franklin County Medical Society, April 19, 1892.

cific in their influence to any great degree upon the circulatory apparatus. The nitrites hold an intermediate, or rather occupy a twofold position, and admirably serve to connect the intervention between sedatives and stimulants.

Nitrite of amyl stimulates the cardiac pulsations by paralyzing the inhibitory apparatus and relaxing the arterioles. It depresses respiration and lowers the temperature. Large doses depress the heart muscle, and death results from paralysis of the respiratory centers. Being very volatile, it is generally administered by inhalation. Its effects are very evanescent. Most appropriately indicated in conditions of angina pectoris, and those forms of migraine accompanied by palor, due to arterial spasm. In these conditions relief is almost instantaneous.

Nitro-glycerine is very similar to, but more prolonged and powerful in, its effects than nitrite of amyl. While paralyzing inhibition and relaxing the capillaries, it also directly or indirectly stimulates the heart. Tremendously increases number and force of cardiac pulsations with fullness of the head and throbbing of the temples. Effects continue three fourths of an hour, while nitrite of sodium is similarly effective for two hours. Nitro glycerine is highly useful in conditions of sudden heart failure. In most cases of cardiac weakness, from other than organic causes. Has proved successful in cases of collapse and apparent death, when electricity and other remedies failed.

Reasoning from analogy I think, in cases of suspended animation, we should first paralyze the inhibitory apparatus with nitro glycerine before applying faradic electricity, lest in our efforts we stimulate both inhibitors, as well as accelerators, and thus have inaction from antagonism. Nitro-glycerine will relieve the dyspnoea of renal origin. It is especially useful as a cardiac tonic in Bright's disease, by lessening the arterial pressure in the capillaries (a condition aggravated by digitalis) but is contra-indicated or dangerous in conditions of great dilatation or fatty degeneration. It, to a certain degree, antagonizes strychnine.

Opium, in very light doses, is a cardiac stimulant useful in weak, dilated or irritable hearts, and may be combined with digitalis.

Chloral is a dangerous hypnotic in cases of aortic stenosis.

Cocaine increases rapidity and force of the circulation, with rise of arterial pressure, and acceleration of respiratory movements, accompanied by a remarkable rise of the bodily temperature. Over-doses depress and paralyze respiration. (Alcohol is the antidote). Useful as cardiac stimulant in exhaustion from over-exertion or exposure to cold. Cocoa preparations should not be given immediately before meals, as they abolish the appetite.

Caffeine increases the number and force of pulsations, slows respiration and stimulates the action of the kidneys. Useful in all forms of heart failure, but in my experience its continued administration is frequently followed by depression and relaxation.

Alcohol and ammonia are powerful cardiac stimulants, likewise is ether given per ore or subcutaneously. Ammonia acts upon the accelerators of the heart and directly stimulates respiratory centers of the medulla. Effects are very evanescent. Eliminated by the kidneys in form of urea and nitric acid rendering urine acid in reaction. The members of this group are highly serviceable in sudden heart failure from any cause. When depression is great, ammonia should also be inhaled for its irritant effect. If failure is due to a persistent cause as adynamic

fevers alcohol is more effective, less objectionable, and should be preferred.

Strychnine is by some therapeutists considered as having a twofold influence as a cardiac stimulant by acting upon the muscular structure direct and indirectly through stimulation of the spinal motor centers. When administered in tonic doses both respiration and circulation are accelerated with increase of arterial pressure, and when so given its beneficial effects are enduring and stable. It is especially serviceable in cases of dilated right heart in combination with digitalis by stimulating respiratory centers, it thus relieves dyspnoea due to pulmonary stasis.

We are now ready to consider the action of a group of remedies whose distinctive features deservedly merit for them the title of cardiac tonics. At the head of the list stands that buoy and sheet anchor of many a scuttled craft, the well known and time-honored digitalis. It increases activity of the inhibitory apparatus, lengthens the period of diastole, strengthens the systole, contracts the vessels of the periphery, excepting, possibly, those of the kidneys, increasing the arterial pressure with but little effect upon respiration; acts directly upon heart muscle when applied locally. When arterial tension is low the flow of urine is greatly augmented without increasing bulk of urinary solids. When from idiosyncrasy nausea and intestinal irritation are produced, or an unresponsive tolerance established by continued use, the following succedanei present themselves for consideration. Convallaria, sparteine and adonidine are similar in their action to digitalis. Sparteine when effective acting more promptly. They are not, however, very reliable.

Strophanthus increases functional activity of the heart slows and strengthens pulsations. Its effect upon peripheral vessels not positively known, but probably contractile. Eliminated in eight hours. It has not thus far fulfilled expectations first aroused.

Oleander is one of the latest and apparently most promising coadjutors of digitalis. The tincture should be prepared from plants grown in their native country. Dose, 20 drops from two to five times daily. The action of the drug upon the heart and kidneys is said to sometimes continue two weeks after its cessation.

As a rule the rational signs furnish more conclusive indications of the need of digitalis than the physical. It is useful when the heart's action is rapid and weak, the tension of the pulse low, or when there is cough, dyspnoea, dusky countenance, pulsation of the jugular veins, scanty urine and dropsy. Contra-indicated when cardiac action is vigorous and arterial tension high. As a general rule it may be said that the rate of the pulse and the blood pressure are in inverse proportion: Further, persistent high blood pressure by its resistance tends to the production of hypertrophy with palpitation—a laborious effort of the heart—a point to be borne in mind. Palpitation may indicate a fairly strong heart struggling against a heightened blood pressure, or a disabled heart fighting away with a normal or low blood pressure. Treatment in the two cases, however, will be widely different. It is obvious when the arteries are well filled the veins will be less full. Venous fullness indicates arterial anemia which we should endeavor to equalize by increasing strength of the pulsations and contracting the arterioles. In digitalis we possess such a remedy. The cumulative action of the drug has been exaggerated; still undue effects may arise when there is no diuretic action or after tapping, by the blood taking up the sediment left from the serous exudation.

In functional irregularities from overwork or nervous prostration, digitalis will give excellent results.

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When speedy relief from palpitation is desired as an adjuvant to the treatment, counter-irritants should be applied over chest and neck, to influence the sympathetic. If pulsations are feeble, warm applications to the body are indicated. The latter, though seemingly somewhat empirical, are very effective in acute conditions. When anæmia is present, iron is indicated in combination. Many cases of so called apparent heart failure can be cured by 1-grain doses of calomel, digitalis and quinine. Digitalis and calomel, continuously administered, form a very efficient diuretic, if albuminuria be not present.

With all its virtues, digitalis is not without its dangers. In atheromatous degeneration and aneurismal complications, it is unsafe. In the advanced stages of typhoid, its administration should be not suddenly begun; if at all, in minute and gradually-increasing doses. From personal experience, the writer is convinced that continuous depression of the circulation favors cardiac thrombosis in the interstices of the chorda tendoni, which digitalis may dislodge with serious or fatal effect. Nevertheless, in many organic lesions, digitalis is our main reliance. In mitral diseases, the arteries are never too fully distended. The tendency is ever toward arterial anæmia, whether the lesion be stenosis or regurgitation. In regurgitation, the left ventricle is very commonly enlarged, with tendency to dilatation, from rush of blood into it from the gorged pulmonary circulation and hypertrophied right heart. In mitral stenosis, such distension is never found. If the tendency be to dilatation without hypertrophy, digitalis will give relief and assist compensation. The same holds good of changes in the right heart from diseases in respiratory organs, obstructing pulmonary circulation. If tricuspid valves be diseased, then little can be done directly, and we attempt to relieve venous distension by diuresis and catharsis.

In aortic stenosis, if the ventricle is faltering before the obstruction, digitalis will relieve. In aortic regurgitation, digitalis is not good, as it prolongs diastole, thus favoring regurgitation, and, by forcibly contracting the hypertrophied ventricle, unduly distends the arteries, tending to establish atheromatous changes; but in later stages, when muscular power is giving way to degeneration, it may prove palliative, and for a little time give temporary relief.

P. S.—Since preparing this paper, the writer has been still more forcibly convinced that while nitroglycerine is an admirable remedy where but temporary stimulation is desired to rouse a depressed heart, it is of little value as a cardiac tonic for continuous effect. On the other hand, strychnine deserves a higher position than is usually accredited, and I feel that in strychnine cum digitalis we have the most reliable cardiac tonic with which we are acquainted.

References quoted: "Bartholow's Therapeutics," "Wood's Therapeutics," "Fothergill's Hand-book of Treatment."

A MURDERER'S DEVOTION TO SCIENCE.—It is said that a French murderer, condemned to be guillotined, recently requested his brother, a medical student, to experiment with his head immediately after decapitation, in order to ascertain by a pre-arranged code of signals (winks and movements of the eyeballs), what he felt when the knife cut his head off, and how sensation and consciousness is retained.

A HISTORICAL SKETCH OF OTOLOGY.¹

BY S. MACCUEN SMITH, M.D.

THE earliest mention of ear diseases is an ancient scroll, preserved in the Egyptian collection of the Berlin Museum, supposed to date back to the fourteenth century B. C. In this scroll two complete prescriptions are found, one of them a "remedy for removing a heaviness in the ear," the other for "curing eruptions at both ears." Another notable feature is the supposition that "there are two tubes in the right ear, by which the breath of life enters, and two tubes in the left ear by which the atmosphere enters."

Hippocrates, about 400 B. C., wrote extensively on the ear, and considered the mucus and gall as the principal causation in all ear diseases; he seems, however, to have been the first to recognize the membrana tympani, and describes it as "a very dry, thin skin, like a spider's web in appearance."

For acute inflammation, with severe pain, he prescribed restricted diet, instillations of oil, and fomentations with sponges dipped in hot water.

Otorrhœa was regarded by him as a disease of the head, accompanied by a discharge of mucus.

In the third century many remedies were employed for ear disease, such as opium for earache and oil of bitter almonds for fleas and worms in the ear. Foreign bodies were removed by many of the appliances used at the present day, and even directions were given for softening hardened cerumen, and cleansing the ear with tepid water.

Celsus (about the time of the birth of Christ) in his comprehensive work on medicine, declared that ear diseases are far more dangerous than eye affections, as they sometimes end in insanity and death.

Celsus distinguished between congenital closure of the external meatus, and that caused by ulceration, and held that an operation ought only to be performed when, by the probe, it has been ascertained that the closure is of a membranous character. His methods of removing foreign bodies were practical, and therefore generally useful.

The following proceeding for removing foreign bodies is somewhat ingenious:

The patient was laid on a table, with the ear containing the foreign body directly downwards, and the table being struck with a hammer, whatever was in the ear tumbled out.

Galen of Pergamos (A. D. 150) has, in addition to his anatomical and physiological studies, entered extensively into the subject of ear diseases. He established certain principles for the treatment of the various diseases, and protested against the methods of many of the surgeons of his time.

Galen first gave an exact description of the brain and the cranial nerves, including the auditory nerve.

Alexander of Tralles in Lydia (A. D. 550) was the most important surgeon who lived in the period after Galen.

He distinguished between external and internal inflammation of the ear, and pointed out the dangers of the latter, as the brain might also become affected.

He observed that inflammation of the ear with convulsions was caused by foreign bodies. In his time the greatest variety of hearing-tubes was in use.

¹ Read at the complimentary dinner tendered to Dr. Lawrence Turnbull, May 17, 1892.

Abul Kasem (died A. D. 1106) used the actual cautery for earache, applying it all around the ear, in ten different spots previously marked with ink.

Adhesions deeply situated in the meatus he also destroyed with the hot iron.

At the close of the Middle Ages, and at the dawn of our own era, ox-gall, human milk, various kinds of urine, and other unappetizing fluids were among the chief remedies for diseases of the ear. The urine of male animals was to be applied to male patients, and that of female animals to female patients.

Serapin, who recommended human milk for otalgia in children, asserted that if the patient be a boy, the milk must be obtained from a woman who suckles a girl.

While in the classical and Middle Ages only diseases of the external ear received attention, other affections having been considered as due to the abnormal action of the "inborn air," to which Aristotle ascribed the power of hearing, we find in the sixteenth century, as the knowledge of anatomy and physiology increased, a better understanding also of the organ of hearing and its diseases.

The researches of Fallopius (1523-1562) were of great importance. He described the labyrinth in detail, and discovered the two fenestræ and the semi-circular canals, as also the tympanum, to which he gave its name. He in particular described the canal of the facial nerve, which is named after him.

Eustachius (died 1570) contributed much valuable knowledge to the organ of hearing. He discovered the two intrinsic muscles of the ear and the tube connecting the tympanum with the pharynx, which bears his name.

Fallopius advised the use of a mirror for examining the ear.

The noted anatomist, Andreas Vesalius (1513-1564) first described the malleus and incus. Ingrassias (1510-1580) afterward observed the third ossicle, which he called the stapes.

Hieronymus Capiaccius was the first to imply bone conduction in the differential diagnosis of cases of deafness arising from an affection of the membrana tympani, and from diminished sensibility of the auditory nerve. It was also believed, at this time, that the hearing would be completely destroyed by rupture of the membrana tympani; this, however, was afterward proven not to be the case, by experiments on dogs, in the hands of Willis.

The work of Du Verny (1683) greatly enriched otology. He was the first to give to the world a remarkably accurate description of the ceruminous glands, the semi circular canals with their five openings, and the Eustachian tubes. He did not regard tinnitus as an independent disease, but, as is now the case, a symptom of brain affections or of a definite ear disease. On account of his anatomical knowledge, he opposed the opinion that the secretion in otorrhœa had its origin in the brain. To illustrate his correct idea of the physiology of the ear, I quote him, that "the function of the membrana tympani is to stretch or slacken according to the intensity of the sound-wave." The cochlea, with its nerve structures gradually varying in length from base to apex, he compared to an instrument spanned by many strings, serving to measure the sounds, and to make their variations perceptible.

It remained for Valsalva, in his celebrated work on "The Anatomy and Pathology of the Ear" (1704), to give a most minute description of the external and middle ear, as well as the labyrinth. As the best method for removing pus from the ears, he advised

forcing air through the Eustachian tube with the mouth and nose closed, which method now honors his name.

In the year 1750, Cleland, an Englishman, first proposed catheterism of the Eustachian tube, by a silver tube inserted through the nose, as a means of injecting air and fluids, which gave the first impetus to the rational therapeutics of ear diseases.

L'Petit (1724) and Moraud were the first to trephine for mastoid abscesses, and record many cases in which life was saved.

Catugno (1736-1822) first proved conclusively that the labyrinth contained fluid. He discovered the two aqueducts, and held that they are designed to let the labyrinthine fluid escape, in order to protect the nerve from too severe concussion.

The accidental rupture of the membrana tympani by means of an ear spoon having resulted in the restoration of a deaf person's hearing, had induced Rioland to ask whether an artificial opening of the membrane ought not to be tried as a remedy for deafness. Cheselden desired to perform this operation on a criminal condemned to death, who was to obtain his release on account of it; but as this proposal met with general disfavor, he had to abandon it.

The operation was for the first time performed by Sir Astley Cooper, in the year 1800; and it soon grew in favor all over Europe, attempts being made everywhere by its means to relieve not only the deaf, but deaf mutes.

To Dr. Yarsley, of London (about 1841), we are indebted for the cotton pellet artificial drum-head which bears his name.

To Wm. R. Wilde, who published his work in 1843, the medical profession and the world will forever be indebted for his original labors on the ear and its diseases.

His rational methods, founded on a thorough anatomical, physiological and therapeutical knowledge, brought the absurd theories and expressions of Kramer and his followers into positive ridicule. He was the first author to place aural surgery on a rational basis; and, as St. John Roosa suggests, "Wilde deserves the title of the 'Father of Modern Otology.'"

In 1861, Anton von Tröltsch published his monograph upon the anatomy of the ear, in which he displayed the teachings of Wilde and Toynbee.

In a short time von Tröltsch published his textbook on diseases of the ear, which, on account of its real worth, was translated into the English, French and Italian languages, having passed through two editions in this country.

Dr. Adam Politzer, in 1862, advocated his method of inflating the middle ear, and, by inventing the bag which bears his name, has rendered a service which would be hard to over estimate.

In 1858, Prof. Edward H. Clarke, of Harvard University, published a master paper on perforations of the membrana tympani, its causes and treatment, in which he makes use of the following significant passage:

"So necessary is a careful attention to the ear, during the course of an acute exanthema, that every physician who treats such a case without careful attention to the organ of hearing, must be denominated an unscrupulous practitioner."

In few, if any, departments of medicine has there been so much written, so many books published, and yet, so little real knowledge gained for the benefit of humanity, as in the special branch of otology. It was not possible until after the anatomical discoveries

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of the eighteenth century for diseases of the ear to be studied and treated in a scientific manner. In fact, the real progress in this branch of medicine almost dates within the past thirty years, and among those authors to whom special reference should be made for their honest and scholarly writings and research, and which has done much to now place the otology in the front rank of medical science, are, Laurence Turnbull, St. John Roosa, Burnett, Sexton, Noyes, Knapp, Pomeroy, Blake, Buck, and Green. To many of the younger men the profession is also indebted for their intelligent and effective work.

I wish to express my indebtedness for this brief history to reference of the works of Hartman and St. John Roosa.

In 1872, our honored guest, Dr. Laurence Turnbull, issued his original work on diseases of the ear, which enjoys the distinction of being the first book on the ear by an American author, published in this country. This work has passed through its second edition and is used as a text-book in many of the medical colleges. Its author has merited and still retains a high position among the medical profession of this country and Europe, being elected a member of the Committee of Organization of the Section on Otology at the International Medical Congress, to be held at Florence in 1893. He has also the honor of having been Chairman of the Section of Otology of the British Medical Association, and the American Medical Association.

His reputation as a successful otologist is largely due to his conservative methods in treating ear diseases. Always first duly considering the best interests of his patients, he did not adopt many of the methods advanced for the relief of certain ear diseases, because the theory thus advocated was not based on scientific, anatomical or physiological facts, and time alone demonstrated his mature judgment to be correct.

This conservatism on the part of our worthy guest, has won for him the universal respect of the medical profession, and the love and admiration of the army of laymen who were so fortunate to have been under his professional care.

Always conservative, yet ever willing to join in and advance any new rational method for the relief of suffering humanity; in the more recent operations for relief of deafness and discharges from the ears, we find him early in the field, and meeting with his usual marked success.

SURGERY OF THE RECTUM.¹

By LEWIS SCHOOLER, M.D.

THIS subject was given me either by the Secretary or the Chairman of this Section, as I had promised to write upon "Stricture of the Rectum."

But when we consider that this kind of surgery is as necessary and as successful as any other, and at the same time so greatly neglected by nearly all surgeons that it has been largely turned over to irregular and so-called pile doctors, who flourish to such an extent that we are sometimes astonished at the number of cases to be found in our own community, the pile doctor or the itinerant rectal specialist does not thrive or even exist where there is not a demand for his services.

Let us inquire by whom this demand is created. Is it by the people or by the profession that these gentlemen are bidden? The people affirm that they pat-

ronize them because their family physician knows nothing about such diseases and does not treat them.

The physician denies the first allegation and waives as to the second, thus clearly indicating that this department is neglected to such an extent that his patrons do not even think of consulting him. If they have alluded to their ailments in this direction they have observed the total lack of interest on the part of their medical advisor. No physical examination is insisted upon. The diagnosis of the patient is accepted without questioning, and a prescription is written which the writer well knows will be of little if any benefit to the patient, even if the diagnosis is correct, and if incorrect it is all the more worthless.

In what class of diseases does the physician depend upon the patient for a diagnosis?

Each of you have already answered this question for yourselves, and the modesty of the patient cannot be plead in extenuation of the sins of neglect, for the reason that they are as potent with the irregular as with the regular. A few sensible words of advice will convince the patient that there is no more impropriety in an examination than there is in possessing such a portion of our anatomy.

Rectal surgery as practised by the itinerant and the charlatan is seldom curative, but nearly always palliative.

With a considerable personal experience with the injection of different substances for hemorrhoids, and the frequency with which I am consulted for the relief of this troublesome affection by those who have been subjected to this kind of treatment at the hands of some competent, though most frequently incompetent person, convinces me that this operation as it is termed is not curative.

Most of them make the same statement, that they have been cured once by so-and so, but the disease has returned. Some of them have been relieved for a year or more, but most of them for only a few weeks, or months at most.

This of itself should condemn the method even if it was free from danger, which it is not. Brinkerhoff, the great apostle to whom all the itinerants pay homage, recognized this fact, and I have seen the sphincter and almost completely destroyed with incontinence of the bowel follow the injection of carbolic acid, and the suffering entailed upon the patient by the operation was far greater and more dangerous to life than the disease that was sought to be relieved.

It is impossible in a paper of this kind to even glance at all the different methods of treatment for this difficulty, but after much study and investigation, with repeated trials of the different procedures, I am compelled to give a decided preference to the ligature, for the reason that it is successful, safe, and when properly performed, is as painless as any other method that gives like results.

FISSURES.

This is another affection that causes more distress in proportion to extent of diseased tissue than any other, and it cannot be detected without an examination, and by this term is meant an examination that examines. Ether and the speculum are indispensable; the separation of the mucous folds and the exposure of the ulcer are the only positive evidences of its existence.

The prognosis is always favorable, and the operation and treatment simple and effective. The sharp

¹Read before the Iowa State Medical Society, May 19, 1892.

curette for the purpose of refreshing the surface, a scalpel to divide the floor of the ulcer down to the connective tissue are all the instruments required. The after-treatment consists in the application of chromic acid, aristol, or iodoform, with cleanliness.

Ulcers at the margin of the anus, that frequently extend externally, especially in connection with fistulæ, are seldom amenable to treatment, and refuse to heal until the surface is thoroughly scraped, and the fibrous indurated base incised down to the areolar tissue. This is best done by a number of incisions in preference to one or two.

STRICTURE.

This is an affection of rare occurrence as compared with other affections of this organ, and for that reason should be better understood than at present.

Patients have been long treated for persistent diarrhoeas where an examination would have revealed the true cause at once.

Strictures are of sufficiently frequent occurrence that the practitioner should always be upon his guard, and when there is a history of only liquid stools having been passed for a long time an examination should be made. The practised finger is the best instrument for this purpose in the great majority of cases; for the few that are situated high up other instruments are needed, but must be used with care and sound judgment. Curiosity should not enter into the case; the ascertainment of a stricture should satisfy the careful surgeon, and no effect should be made to force the end of the finger through the structure. The fact of its existence and the distance from the anus is sufficient for the present. The method of treatment can then be decided upon.

There are really but two methods, viz.: dilatation or stretching or incising. Dilatation is slow, painful and generally unsatisfactory, and only of real service in a very small percentage of cases.

The cutting operation is radical and usually effective, but, like all other operations of the same magnitude, accompanied with some danger. The operation is divisible into two methods.

The internal and the external both have their disadvantages. The internal is easily performed and traverses the smallest amount of tissue; in fact, traverses only pathological structures, and were it not on account of the locality, be an eminently safe and efficient method; but it is just these conditions exactly that render it unsafe and dangerous. The contents of the bowel are never aseptic, and as neither the solids, liquids or gases can be prevented from contact with the raw surface created by the incision, the requisites for the propagation of sepsis can scarcely be improved upon, and I have yet to see the case in which this operation was practised that did not have a tedious recovery, with marked manifestations of sepsis, and on this account I am always fearful of the result and have discarded the operation.

THE EXTERNAL METHOD.

This method consists in commencing the incision just above the diseased tissue, and cutting boldly backward to the top of the coccyx. This leaves a large wedge-shaped incision. The sphincters are divided, and drainage is all that can be desired. The wound is easily cleansed, readily granulates, and thus of itself imposes a barrier to sepsis. The recovery is not prolonged, and the danger is remarkably less. Incontinence of faecal matter does not necessarily follow.

I have not aimed to write a careful paper upon this subject, or to mention only a few of the diseases, but simply to call to your attention a neglected class of diseases, which can be much better treated by the surgeon than by the itinerant. The profession will do itself credit by paying more attention to these sufferers, and where the general practitioner does not wish to treat them himself, he will confer a favor upon the patient, and do honor to his profession, by referring them to competent surgeons, than by his neglect drive them into the net of the advertising quack that infests nearly every populous community.

A PRELIMINARY REPORT ON THE ACTION OF CREATIN UPON TUBERCULOSIS IN HUMAN BEINGS.

S. G. DIXON, M.D., and W. E. Hughes, M.D.,
owing to the results obtained by Dr. Zuill, of the University of Pennsylvania, in his use of creatin upon cattle, have instituted a series of experiments upon human beings. The creatin used was perfectly pure, being obtained from Dr. G. Grüber, Leipzig.

A solution of it was made in normal salt-solution or in distilled water, and the injections practised either in the lumbar or gluteal regions. The cases used were selected at random, the only care taken being to get those the undoubted subjects of phthisis. During the experiments they were kept under exactly the same conditions as had environed them previously. The temperature results are presented below, no especial comment being thought advisable in the present incomplete stage of the investigation:

CASE I.—Man, aged thirty-six years. Family history of phthisis. His illness dates from an attack of influenza in 1890, and has been characterized by the ordinary symptoms of phthisis—cough, profuse expectoration, fever and hemorrhage. The left lung is broken down into large cavities at the apex, and is universally infiltrated below. In the right lung the lesions are pronounced but less advanced. Ordinary examination of the sputa failed to show tubercle bacilli, but there can be little question of the tubercular nature of the lesions.

CASE II.—Man, aged fifty years. Universal infiltration of lungs, the right at the apex breaking down into a cavity. Tubercle bacilli found in sputa.

CASE III.—Man, aged forty five years. Rather extensive infiltration of lungs, most marked at apices. No cavities. Tubercle bacilli found in sputa.

CASE IV.—Same patient as was represented by Case I.

CASE V.—Man, aged twenty-two years. Disease of very recent origin. Only prominent symptom being profuse hemorrhages. Slight infiltration at apices, most marked on right. Tubercle bacilli found in sputa.

While the cases are too few in number to enable us to base any positive conclusions upon them, yet they seem to be negative in results, and would suggest a careful revision of the results obtained by Dr. Zuill.

Should further results obtained by Dr. Zuill in his experiments upon cattle substantiate the apparently negative results of the above investigations, it will point to the probable error of placing too much dependence upon a normally wide range of temperature which is so often established in cattle.

There was no apparent effect by the creatin upon any of the physiological processes of the body nor upon the general condition of the patients. The experimentation will be continued until the whole ground of tuberculosis is covered thoroughly, when it will be possible to present perfectly definite results.

Society Notes.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Stated meeting held Thursday, December 24, 1891.

THE seven hundred and thirty-third regular meeting was called to order by Vice-President J. F. MARTENET, M.D. The minutes of the previous meeting were read and approved.

MALFORMATIONS OF THE RECTUM AND ANUS

was the title of a paper read by Dr. J. F. MARTENET.

DISCUSSION.

Dr. J. WM. FUNCK: A few months ago I delivered a lady of a large, fine looking female child, and on the day after its birth the nurse called my attention to an absence of the anus. At the usual site of the anus there was a slight depression, and in the center of this depression was a very slight teat-like elevation, but no opening whatever. By manual examination, the palm of one hand pressing firmly over the abdomen, one finger of the other hand in the anal depression, no impulse could be obtained. The child took nourishment normally, even greedily. The abdomen became tensely distended, and the child vomited undigested milk and meconium. On the morning of the day on which it died, if it were held with its head elevated it breathed all right, though rapidly, and it was evidently suffering considerable pain from the extreme distension; but if it were laid with its head low, the contents of the stomach, mixed with meconium, would be ejected from the nose and mouth without an effort; so freely, in fact, that it seemed to be in danger of suffocation from this cause. I had Dr. Michael see it with me, and he decided that the only operation advisable was to make an opening in the left groin. This was declined by the parents, and the child died in seventy two hours after birth. I secured a post-mortem, but was hampered considerably by the father's presence, which made the post-mortem less satisfactory than was to be desired. The bowel ended suddenly in a much-distended blind pouch at about the promontory of the sacrum. In the light which Dr. Martenet has thrown on this subject, I would say that my case would be one of the eighth class as enumerated in his paper, one in which there was a total absence of the rectum.

Dr. D. W. CATHELL: In a practice of over twenty years, I have not had a case of my own, but have heard of several, all of whom died but one, and that was a girl who had attained her fifth year when her case came to my knowledge. Three years after this I heard that she passed all her feces per vaginam. She was operated on, but died shortly after.

Dr. DAVID STREETT: I have never delivered a child of this kind. I saw one, a colored male, who passed its feces by the urethra, and who strained and cried a good deal at each passage. It was diagnosed as one in which the bowel opened into the bladder.

Operation was declined in this case, and the child died at five months. We all know that this condition is due to non-development, more or less marked at an early foetal period, and the only treatment that is applicable to it is surgical treatment.

Stated meeting held Thursday, January 14, 1892.

THE seven hundred and thirty-fourth regular meeting of the Society was called to order by Vice-President J. F. MARTENET, M.D. The minutes of the previous meeting were read and approved.

The following gentlemen were elected to membership: Dr. L. Gibbons Smart, Dr. Lewis F. Frey, Dr. Wm. T. Howard, Jr., Dr. J. Mason Hundley, Dr. Joseph Gichner, and Dr. R. H. P. Ellis.

Dr. S. T. EARLE reported

AN OBSCURE CASE OF OSTEOMYELITIS.

I saw the case with Dr. Ingle, who had diagnosed it as acute rheumatism. He gave the patient (a boy of fourteen) salicylate of soda, in 15 grain doses, for several days. The symptoms abated and the temperature fell to normal. The epistaxis and tympanitis developed, and these, in connection with delirium, which he had had from the first, lead me to suspect it a case of typhoid fever. Dr. Ingle thought it a case of meningitis. There was some enlargement in the right iliac region, which made another doctor think it a case of typhlitis. The boy died that night, and Dr. Chambers made a post-mortem examination. The spleen, kidneys, liver and lungs were all normal; the brain was found hyperæmic, and Dr. Chambers made the remark that the brain looked as though the patient had died from septic poison. He had had a sore on the ankle, which had all scabbed over and seemed to be in a healthy condition, and when the periosteum over the tibia was cut through there was found an abscess. His mother had a cancer of the rectum, and she dressed the boy's leg. Could this have been the source of infection? It is a case that would mislead almost any practitioner; the initial symptoms of acute pain from the knee down and a temperature of 104° pointed to acute rheumatism. The tympanitis and delirium then pointed to typhoid fever, and then there were symptoms which made Dr. Ingle suspect meningitis. There was no localized point of special redness or tenderness over the limb.

Dr. W. S. GARDNER: I saw a case in the city hospital where pus was found in the joints without there being any special redness at any point.

Dr. F. C. BRESSLER: In my case reported to the Society several weeks ago, I said that if you have a child with rapid pulse, high temperature, 104, or thereabout, and marked delirium, etc., after you had excluded other causes, then examine the junction of the epiphysis with the diaphysis and you will most likely find a tender spot. The case that Dr. Earle reports lends emphasis to what I then said. The source of infection cannot always be detected. The diagnosis is generally difficult to make. I know of a case of a man who was shoved out of a saloon; when he got home he was sick and his doctor treated him for pneumonia. The post-mortem showed a number of miliary abscesses in the left lung, while there were none in the right lung, and a large accumulation of pus in the knee-joint. The symptom of tenderness of the limb in Dr. Earle's case was, doubtless, most marked at the upper part, at the junction of the epiphysis and diaphysis.

DR. C. HAMPSON JONES : In reference to acute symptoms in inflammation of bone. A woman had been delivered some time before admission in the hospital. She had been in two days before I saw her, and her fever chart showed a typical double tertian ague temperature. There was no malarial fever in her neighborhood. The doctor who had her in charge said he thought it was due to periostitis. Close examination showed no special tender spot or localized redness and that diagnosis had to be given up. The post-mortem in her case revealed a periostitis of the pubic bones, doubtless caused by some manipulation during her delivery.

DR. J. F. MARTENET : I have been struck by the enlargement of the lymphatic glands on the limbs of young people, and have found them almost invariably associated with abrasions or acute ulcers on the limbs. This has been noticeable in quite a number of children that were brought in the dispensary on account of indefinite symptoms—intermittent fever, restlessness, crying, etc., who had been attended by physicians who had not examined them very carefully. We find in quite a number of these cases that the joints are tender, and there is more or less sensitiveness of the bony structure. One case, a child seven days old, was brought in with constant crying and retraction of its legs. I gave it something to correct its digestion, but there seemed to be something else that needed treatment. I put it on increasing doses of iodide of potash until it was taking three grains, then I gave it 1-120 grain of bichloride of mercury and it recovered promptly.

HÆMOGLOBINURIA.

was the title of a paper by DR. DAVID STREETT.

DISCUSSION.

DR. F. C. BRESSLER : Hæmaglobinuria is not so common in this climate. The difficulty in making a diagnosis without the aid of the microscope causes a certain number of cases to be unrecognized. The only positive symptom being the absence of red corpuscles, which can only be ascertained by the microscope.

DR. DAVID STREETT : It often occurs in a mild form and the patient recovers without its being diagnosed. Some cases which we put down as malaria are, doubtless, cases of hæmaglobinuria. I was led to look up this subject by seeing a specimen of urine that was characteristic of this disease, red and bloody-looking, but on finding no red corpuscles my interest was awakened. About six years ago, Dr. Jacobi, of New York, wrote a paper in which he reported the destructive influence on the red blood cells of chlorate of potash, given in large doses in diphtheria, producing hæmaglobinæmia, thus causing hæmaglobinuria. I have been cautious of the use of chlorate of potash since that time. Many writers claim that these cases are due to infection, some from syphilis, scarlet fever, etc. I do not know that it has any special organism as yet.

DR. J. F. MARTENET : I think it is the opinion of Dr. Welch that there is an organism that sets up these troubles in the kidneys, but it has not yet been definitely determined. J. WM. FUNCK,

710 W. FAYETTE STREET.

Recording Secretary.

INDIANA STATE MEDICAL SOCIETY.

THE Forty-Third Annual Meeting of the Indiana State Medical Society, occurred in the Plymouth Church, Indianapolis, May 12 and 13, 1892, DR. EDWIN WALKER, of Evansville, presiding; DR. E. S. ELDER, Secretary. The members of the Society and visiting physicians were handsomely entertained at the laboratories of Eli Lilly & Co., by the pharmacists. The Pharmaceutical Society were holding their meeting at the same time, in Indianapolis. Dr. Joseph Matthews, of Louisville; Dr. E. S. McKee, of Cincinnati, Dr. R. B. Hall, Cincinnati, were among the visiting physicians present.

The first paper read was by DR. SEATON NORMAN, of Evansville, on the

PROGNOSIS AND TREATMENT OF ASTHMA.

He recommended the removal of patients to the mountains or seashore. Colorado he pronounced the best place in the country for asthmatic patients. For those who cannot change location he recommended cocaine. In some cases, brandy affords relief. In the discussion which followed, cocaine was strongly condemned. Asthma was pronounced the result of a reflex action, the real seat of trouble being in the nose, while it seems to be located in the lungs or bronchial region.

DR. H. O. PANTZER, of Indianapolis, read a paper of

MALARIAL INTOXICATION—RARE CASES.

The rare cases and abnormal conditions diagnosed in this paper, were of great interest, and the discussion brought out the result of microscopical investigation of the cause and germs of malaria.

DR. JAS. F. HIBBERD, of Richmond, discussed

INFLAMMATION, PAST AND PRESENT.

Which was a well-considered paper, followed by much discussion.

ETIOLOGY OF DIPHTHERIA,

by DR. A. L. WILSON, of Indianapolis, was read by DR. POTTER, because Dr. Wilson had taken the diphtheria from the study of its germs, in the preparation of his paper, and was under treatment at the City Hospital.

The address by the President, DR. EDWIN WALKER, called attention to a number of facts associated with the forty-three years' existence of the Society. Among others, that it had accumulated no property of value in that length of time, besides its transactions. He strongly recommended the establishment of a library. A small sum from each member would do this, and thus the history of medicine from the organization of the Society could be had without difficulty. Doctors could donate rare books, and before long members would bequeath their libraries to the Society, rather than have it auctioned off for a mere pittance after his death. Such a library would have to be established at Indianapolis, the home and meeting place of the State Society, but all members are within a few hours' ride of this city, and for a small fee a librarian, or some competent person, could give an abstract of all articles on a particular subject, as is done in the Surgeon-General's office at Washington.

In this connection, he offered another thought. The Society could fit up a bacteriological and path-

ological laboratory, and employ some competent men to make such examinations as are often necessary for a correct diagnosis. Busy practitioners are usually not prepared, nor have they necessary practice and skill to make such investigation, and competent men, for a reasonable fee, could make such investigations as would make us more thorough in our work, and better doctors.

Let us work together, to encourage the talents we have, and build up a complete profession in our State, of which not only we, but our colleagues of the whole world will be proud.

Following the address of the President, came an address by Prof. JOSEPH P. REMINGTON, of Philadelphia, on

PRESCRIPTIONS AND PRESCRIPTION-WRITING.

A part of the lecture was illustrated, examples of prescription-writing being thrown by a calcium light upon a screen. These showed some of the labors of the druggist in saving the populace from errors and mistakes. He said: "In another year the new Pharmacopœia will be published. This is a law-book of the land, and it is only through the co-operation of the physician and pharmacist, and through their arduous labors, that a thoroughly representative work can be secured."

Speaking of prescriptions, he said: "What marvelous possibilities are bound up in that apparently insignificant scrap of paper covered with the mystical characters, which may, on the one hand, bring hope and happiness to those waiting at the bedside of the loved one, or which, if improperly interpreted, or ignorantly compounded, fill the faithful watchers with grief and horror, by inviting an onslaught from the grim monster. The medical profession are more deeply interested in pharmaceutical education than are pharmacists themselves. Upon the correct and intelligent rendering of their prescriptions rest the reputation, success and honor of the prescriber. Pharmacy must be practised by educated, honest, faithful men, alive to the needs of the profession. The educated pharmacist is not the superior of the physician, neither is he his inferior, but he is his peer, and side by side they toil in their noble life work."

A strong beginning was made at the meeting of the American Medical Association, last year, at Washington, toward the founding of a section of materia medica and pharmacy in that body. The position of the pharmacists as fellow-workers was thoroughly recognized by the physicians, and they were cordially welcomed. The second meeting of the Section will be held in connection with the Association at Detroit, next month.

DR. THEODORE POTTER, of Indianapolis, reported on the progress made in

BACTERIOLOGICAL INVESTIGATION.

He said that enough had been established to warrant the conclusion that the phenomena following infection are chiefly, if not wholly, due to the action of new products formed in the growth and multiplication of the bacteria.

DR. N. N. SHIPMAN, of Seymour, read a paper on

PRETERNATURAL SLEEP,

and reported the case of a thirteen-year-old boy, whom he had attended, who slept for a month the first time. After that, he had long periods of sleep, and, on February 11 last, went to sleep for eighty-eight hours.

He seemed all right for a day after this, then fell asleep for twenty-four hours. Since then he has been a normal boy, apparently well and hearty.

DR. A. W. BRAYTON, of Indianapolis, presented a description of a case of

XERODERMA PIGMENTOSUM,

otherwise known as Kaposi's disease, of which but sixty seven cases have been known, and but three of these in the United States. The doctor has two of these cases in the same family; one a child of eleven months, the other a sixteen-year-old girl. The latter was exhibited last summer at the Association of American Pathologists, at Washington, and was pronounced the most typical case of the disease yet presented.

Other papers were presented: by DR. C. S. BOND, Richmond, The Purpose of Drugs; DR. J. O. STILLSON, Indianapolis, Tenotomy of the Recti Muscles; DR. GEO. F. KEIPER, Lafayette, Sympathetic Inflammation; DR. G. R. GREEN, Muncie, Emergency Laparotomies; and several others.

The officers for the coming year are: President, Geo. F. Beasley, Lafayette; Vice-President, C. H. Smith, Lebanon; Secretary, E. S. Elder, Indianapolis; Asst. Secretary, N. N. Shipman, Seymour; Treasurer, J. O. Stillson, Indianapolis. Standing Committees on Ethics, Publication, Arrangements, Bacteriology, Necrology, and Progress in Medicine and Surgery, were appointed by the President-elect.

The efficient Chairman of the Committee of Arrangements, Dr. F. C. Woodburn, was presented with an elegant operating chair by the Medical Exhibitors. He was appointed Chairman for the ensuing year.

THE CLINICAL SOCIETY OF MARYLAND.

THE two hundred and sixty-fifth regular meeting was called to order at Baltimore, Maryland, April 1, 1892, by the President, Robert W. Johnson. DR. WM. S. GARDNER read a paper upon

THE MECHANISM OF AXIS TRACTION FORCEPS.

A pair of forceps designed by the author were exhibited.

DR. FRANK DYER SANGER read a paper on

DEATH FOLLOWING SUPRA PUBIC ASPIRATION OF THE BLADDER.

The patient was seventy-five years of age, white, large, rather fleshy, full habit. Had had trouble passing his urine for some time, but never retention. For three days he had suffered much pain in the region of the bladder, and could only pass a small quantity of urine at a time. Examination showed the bladder to be moderately distended, its summit about two inches below the umbilicus. A hot bath gave no relief. A number of strictures were found in the urethra, nevertheless a long curved catheter was passed as far as the prostatic urethra. Nothing could be passed further. Seven hours after the patient was first seen, aspiration was determined upon, as I felt sure the bladder would suffer if not soon relieved. A double inguinal hernia and a rather thick accumulation of fat over the pubes decided me to insert the needle well up. Having used thorough antiseptic precautions I felt that I could pass the needle through the peritoneum with safety. About one quart of urine was removed from the bladder. A drop of blood followed the removal of the needle, the

point of puncture was covered with a strip of adhesive plaster and the patient went to sleep. Next day his bowels moved freely, and he passed considerable urine, a part of which escaped into the bed and could not be measured. The morning of the second day after the operation he complained of pain in the lower part of the abdomen and tenderness. Bladder could not be felt; pulse somewhat accelerated; temperature normal. Toward evening abdomen became tympanitic, pulse more rapid, temperature 98, expression anxious, urine passed in small quantities. Bladder could not be made out. Opium given to relieve pain, and heat applied to abdomen. Patient died next morning, sixty-two hours after the aspiration. Post-mortem: Needle had entered the abdominal wall two inches above the upper border of the symphysis pubis. A line of light extravasation marked the track of the needle through the wall and parietal peritoneum fold; further than this its track could not be positively determined as the pelvic cavity was filled with blood. Dense adhesions bound the bladder in all directions, which required considerable force to be broken up. There was considerable redness of the parietal and visceral peritoneum in the vicinity of the bladder. No pus or urine apparently. In freeing the adhesion about the bladder that organ was ruptured, and about a pint of turbid urine escaped. I removed the bladder and urethra *en masse*, but was prevented from further examination by friends who came to claim the body. I regret that I did not at least secure one of the kidneys as it might have thrown some light on the cause of death.

There have been a number of deaths reported from supra pubic puncture for the relief of a distended bladder. Deneffe and Van Wetter, in 1877, collected 152 cases of supra pubic puncture with 6 deaths; 87 cases of rectal puncture with 11 deaths. I have not been able to find another case of accident from aspiration in the literature, though my search has not been by any means exhaustive. Deneffe and Van Wetter report 57 cases of aspiration with no accident, showing the improvement upon puncture. The case here reported proves at least that aspiration is not free from danger, and suggests greater circumspectness in its practice.

DR. W. P. CHUNN: In these cases of distended bladder by sticking close to the symphysis you can get into the bladder without striking the peritoneum at all, and this is what most operators attempt to do. In this case under consideration some urine probably trickled out of the bladder and gave rise to peritonitis.

DR. J. W. CHAMBERS: I begin to look upon every case of greatly distended bladder in old men with enlarged prostate with a certain amount of apprehension. The condition is a dangerous one. The case in point is interesting from the amount of hemorrhage that followed a simple aspiration. The condition of the veins over the front of the bladder can be very aptly compared to the condition of the veins in front of the trachea where we frequently meet irregular veins which give rise to considerable trouble in operations. In the present case, with an enlarged prostate interfering with the circulation, the veins on the anterior surface of the bladder were, doubtless, distended, and probably one of these varicose veins was punctured, giving rise to the hemorrhage. The peritoneum was probably infected by the needle which became infected in the bladder. Ordinarily a puncture two inches above the symphysis, when the bladder is distended, would not strike the peritoneum, as there is then usually two and one-half to three inches

space between the symphysis and the peritoneal reflection.

DR. S. K. MERRICK read a paper on

IDIOPATHIC PERICARDITIS,

with report of two cases. The term idiopathic pericarditis is used by authors to define an inflammation of the pericardium (which may be acute, sub-acute or chronic), not the result of any discernible, preceding or concomitant pathological process. To eliminate every etiological factor in any given case, and by exclusion arrive at a diagnosis of idiopathic pericarditis requires no little pains on the part of the practitioner. Not a few authors are skeptical as to its existence. DaCosta, while admitting its extreme rarity, says he has seen several cases about which he has no doubt as to the diagnosis. It may be that the paucity of cases of this affection reported depends in no small degree upon the obscurity of the symptoms and latency of the affection which may possibly be characteristic of this form of pericarditis.

CASE I.—Widow, aged sixty, came under observation at the Northwestern Dispensary in early part of 1887. Complained of pain in the precordial region, of great weakness and faintness on exertion, and that her hands and feet were always cold. She had had no acute illness for years. Never had rheumatism, nor any of the diseases which stand in an etiological relation to cardiac diseases. Her urine was examined and was found normal. Careful auscultation discovered no valvular lesions. All the valvular sounds were clearly audible but weak. The apex-beat was in the normal position but lacked force. The diagnosis made was weak heart from malnutrition, the latter being due to some unknown cause. She was slightly jaundiced, her skin being very much like parchment. She grew gradually weaker and progressively emaciated, the coldness of the extremities reaching up to the elbows and knees. To the touch she was more like a cold-blooded animal than the genus homo. Her urine was repeatedly examined and was always normal. She entered the Maryland General Hospital in the fall of 1887, and died about three months later. The autopsy was held by the late Dr. E. R. Walker. The heart and lungs were removed, the latter being sound and free from adhesions to the pleuræ or pericardium. The valves of the heart were perfectly sound, but the walls of the heart were atrophied and thin, and on close examination there was found a uniformly adherent pericardium which could be peeled off. The whole organ was firmly compressed by the adherent sac. All other organs were normal except the liver, which, on close examination, was found to contain small points of scar tissue here and there, the sites of former localized hepatitis, no doubt the coronary artery had, doubtless, been compressed by the adherent sac, and thus the nutrition of the heart had suffered.

CASE II.—Widower, aged forty-two years; salesman in clothing house. Admitted to the Maryland General Hospital, November 10, 1891. His health had been good until three weeks previous, when he had considerable pain about the precordia. Said he had no fever at any time. Temperature was always normal while he was in the hospital. Urine normal. Man had never had rheumatism nor any disease to which pericarditis could be referred. No apex-beat discovered by inspection or palpation. No friction fremitus on palpation. On percussion, an increased area of dullness over lower cardiac region. Auscultation revealed the to and fro new leather sound, heard

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with increasing loudness as the ear approached the base from the apex. A rather loud aortic regurgitant murmur was heard in the second right intercostal space, the blowing character of which was in sharp contrast to the pericardial friction sound. I pronounced it a case of pericarditis with effusion complicated with endocarditis and aortic valvular lesions. Dr. Streett, who also examined the patient, came independently to the same diagnosis. The patient, a few days after coming under my care, disobeyed certain rules of the hospital and was dismissed, much to my regret.

W. T. HOWARD, JR., thought that the lesions described in the liver in the first case were suggestive of syphilis. If this case could be associated with syphilis it would be most interesting, as syphilis has never been set down as a cause of pericarditis.

DR. MERRICK: I could not exclude syphilis. There were no symptoms of syphilis as long as the case was under my care. The lesions were on the surface of the liver and dipping down a quarter of an inch or so. Dr. Walker, who made the autopsy, thought they were the sites of hepatitis.

DR. HOWARD related a number of cases of adherent pericarditis which had come under his observation.

DR. A. K. BOND: I have no doubt at all that Dr. Merrick's cases were cases of idiopathic pericarditis. One cause of pericarditis and endocarditis that might sometimes be mistaken for idiopathic is rheumatism, where there is no associated joint pains. In a case under my observation this winter, I found signs of an old pericarditis. The patient told me that these signs had been present since childhood. She said she had never had rheumatism. As in infancy and childhood rheumatism sometimes manifests itself not in joint pains but by other symptoms, such as chorea. I asked the patient if she had ever had St. Vitus' dance. She replied that she had had several very obstinate attacks.

DR. CHARLES O. DONAVAN quoted from Ziemssen, Loomis, Sowers, and others, to show the extreme infrequency of idiopathic pericarditis. In Dr. Merrick's first case a very considerable trouble was found in and about the liver, and it seems hardly proper to record this as a case of acute idiopathic pericarditis. The second case was not the subject of autopsy and is therefore incomplete. It is quite possible that some cause may have existed which was not detected. It is very plain in my mind that the first case was not one of idiopathic pericarditis.

DR. J. F. MARTENET: In ten years' special work in chest troubles, I have never come in contact with a case of idiopathic pericarditis. I should think that the first case of Dr. Merrick was of syphilitic origin. I do not know that Dr. Merrick has eliminated chorea. We scarcely ever have a case of chorea persistent in character in which we do not have some trouble in the heart area. Dr. Osler says that one should look for troubles in the cardiac region associated with and following chorea. It seems to me that there must be some other affection, possibly early in life, that he has not traced out.

DR. HOWARD, JR., thought it extremely improbable that a case of idiopathic pericarditis ever occurs. The second case, in which there was no autopsy, he thought must be excluded.

DR. J. W. CHAMBERS: It seems to me that the interest in Dr. Merrick's case is not so much the cause

of pericarditis, but the fact that this woman died and the principal lesion was in the pericardium. Lesions of the heart, endocardium, pleuræ, kidneys and other organs, which are usually associated with pericarditis, were absent. "Idiopathic" is simply a waste-basket in which we throw things for convenience. Undoubtedly this trouble had a cause, but what the doctor means to say is that he could not find out the definite cause.

DR. O'DONAVAN: I think Dr. Chambers remarks are hardly *apropos*. The whole world is searching for a case of idiopathic peritonitis, and as far as I know they have not been able to find it. The same holds good as to pericarditis. It is hardly the thing to claim these cases as almost isolated cases of a very rare disease. Every case should be judged on its merits.

DR. CHAMBERS: Since the whole world is looking for a thing and has not found it, it shows that it is not particularly interesting to the general practitioner. The point of interest I still think is that in that particular case the only lesion was an inflammation of the pericardium.

DR. O'DONAVAN: There was liver trouble.

DR. CHAMBERS: The marked lesion was in the pericardium.

DR. NORMENT: With Dr. Chambers and Dr. O'Donovan I doubt if there is idiopathic anything, if by "idiopathic" is meant a disease without an underlying cause. The question of associating a previous illness with the case in hand is an interesting one. Dr. Howard said that he knew of no case in which syphilis has been recorded as a cause of pericarditis. If syphilis was likely to be a cause of pericarditis in the present case, it seems to me that it would have been the cause of it in a good many other cases as well, considering the prevalence of syphilis. If a man had syphilis twenty years ago, pneumonia ten years ago, typhoid or what not five years ago, and there is not a chain connecting these diseases with the disease that takes him off, it seems hardly fair to attribute lesions that are present to-day to something that happened long since. When we cannot say what is the matter, it is better to say that we do not know, and it is in this sense that the word idiopathic is used to-day rather than in a definite sense.

DR. MERRICK: With regard to syphilis, in searching over the authorities, I could not find syphilis as ever having been the cause of pericarditis. As to rheumatism in childhood, that is readily disposed of by the character of the adhesions, which showed the trouble to be of recent date. I grant what the gentlemen have said of the extreme rarity, and perhaps the impossibility of idiopathic pericarditis. All of Dr. O'Donovan's authorities acknowledge that such a thing may occur. DaCosta says there are cases in which the closest investigation has failed to show any assignable cause. In twenty years' practice, during twelve or fifteen of which I have had all the clinical material of the Northwestern Dispensary, averaging four to six thousand cases in a year, I have had an opportunity of getting hold of such a case, if such a thing exists. Dr. Walker who had made over three thousand post-mortems, particularly noted this case in the hospital, and that was the reason an autopsy was held. The case was a unique one in Dr. Walker's experience.

WM. T. WATSON,
Secretary.

The Times and Register

A Weekly Journal of Medicine and Surgery.

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TRADE JOURNALS.

DR. WILE, in *The Prescription*, contributes the following editorial upon trade journals:

"Congress is now trying to pass a law, which, from the present outlook, seems pretty sure of being enacted, to stop the abuse of the pound rates, at which legitimate newspapers and magazines are allowed by law to pass through the post-office.

"In making application to the post-office for the purpose of procuring second-class rates of postage, viz.: one cent a pound, for a new periodical by a publisher, he has to state under oath that the paper is not published in the interest of any house, or advertising of any house. From the number of *quasi* medical journals which come to our exchange table, and which pretend to be issued for the purpose of instructing and enlightening the medical profession, but which in reality are nothing else than publications issued in the interest of a firm and for advertising purposes, it seems to us that some one has done some tall lying in order to obtain such concession from the post-office department.

"In one of these journals, now before us, which is published at William street, New York City, the firm's name or initials appear no less than *sixty-three times*. Yet these people are quite indignant when the regular medical journals will not exchange.

"We have decided to cut off *all* such magazines from our exchange list, and will do all in our power to stop the abuse.

Why one firm should be allowed to put their circulars through the mails at *one cent a pound*, while another, his neighbor, in the same line of trade, has to pay *one cent apiece*, we are unable to understand. It gives such firms a distinct advantage over a rival, to which the United States Post-Office is the abettor.

"Is it not time that the medical journals of this country should agitate the subject until reforms are produced? For the trade journals are the sample copyists who cast into the offices of the doctors of this country their wares unpaid, unsought, and in the majority of instances, unwelcome. They injure the good journals, lower the whole tone of medical journalism, and will eventually, unless stopped, swamp the whole business."

A law that will accomplish this result will be welcomed by every publisher of a legitimate medical journal, and, we believe, by most physicians.

The mails are burdened with periodicals that are asserted to be professional journals, but that no one of ordinary intelligence could mistake for anything but what they are: advertising schemes of the proprietors. Take, for instance, *Merck's Index*. No firm ever got a tithe of the free advertising that Merck enjoyed. Every medical journal in the country was apparently engaged in pushing the interest of "Merck, of Darmstadt," barring THE TIMES AND REGISTER, which perversely refused to see anything in this German firm's goods superior to our home manufacturers. But this did not satisfy the greedy German, who starts his own journal, and comes in to take the advertising away from legitimate medical journals by his *Index*; published in the interest of the medical profession, by advertising Merck, of Darmstadt, on every page. And this abuse is sanctioned by the post-office authorities.

Another instance: In the wilds of New York State there exists a thriving village of several thousand inhabitants. This great medical center must needs be represented by a medical journal. Curiously enough, there happens to be in this village a drug manufactory, and by a still more curious coincidence, this firm advertises *only* in the journal published there, and makes through its pages the *generous* offer to present a bottle of its goods to every subscriber of the journal. The pages of this journal are largely devoted to the record of miraculous cures, by somewhat obscure practitioners, accomplished by the specialties of this firm's manufacture. That any real doctor ever, while sane and sober, paid a straight subscription to this alleged journal, except as a chromo thrown in with a bill of goods, is open to a reasonable doubt. Nevertheless, it receives the sanction of the post-office, and many advertisers apparently find it an eligible means of reaching their market.

The tendency appears to be for the large firms to start journals of their own, and, instead of paying for their advertising, make a profit out of other advertisers. That is the theory, and, in pursuance of it, Murdock, Seabury & Johnson, Eisner & Mendelssohn, Lehn & Fink, McKesson & Robbins, and many others, have dropped out of legitimate journal advertising, and entered the field as competitors. Whether it pays them is another matter. That they injure legitimate journals is certain. As long as their "chromo" sheets are distributed free, or pushed by their traveling salesmen without extra expense, they load up the doctor with more stuff than he has time to read, and lessen the circulation of real journals.

But where is the line to be drawn? There is no law to prevent a drug firm from publishing a journal any more than a publishing house. The organs of the latter class are less objectionable than the former, the principal objection to them being the partiality shown in reviewing their own publications. Apart from this, they furnish us the best of our American journals; their traveling salesmen being able to push their circulation, and the authors who are also book-

writers preferring these journals for the publication of their papers. As long as such conditions exist, we will never have an independent journal ranking with the *Lancet* in excellence and in the influence it exerts upon the medical profession.

Annotations.

AN advertising quack in Boston writes us a letter filled with instances of his superhuman skill in the cure of incurable diseases, and winds up with the query: "Dare you publish the above?"

No, sir; we do not dare to present our readers such ineffable nonsense. The daily journals will, for a consideration, regale their readers with these miracles, and it would not be safe to affirm in the present state of civilization that among their readers there were none simple enough to credit the statements.

WE have received several letters concerning Dr. Cohen's paper, to which we desire to reply that *THE TIMES AND REGISTER* is published in the interests of the medical profession, and that its pages are open to any reputable member for the expression of his views. The editor does not endorse the opinions of its contributors, nor does he expect them to conform to his ideas. As long as they avoid personal abuse, the same freedom in condemnation is permitted as in commendation, in regard to advertised articles. Any other policy than this would lower the journal to the position of an advertising sheet, a rôle it will never hold under its present management. We are pleased to have the advertisements of reputable firms, but articles that will not bear free criticism will scarcely find *THE TIMES AND REGISTER* a profitable means of reaching their market.

WITH the *Indian Medical Gazette* for April, 1892, is issued a special supplement containing an account of Surgeon Patrick Hehir's microscopical observations on the blood and excreta in cases of Asiatic cholera. He discovered in the dejecta from a cholera patient a polymorphic protozoön, of considerable size, moving with extraordinary speed. Similar forms were found in the blood. Inoculations of dogs with cholera blood and dejecta had negative results. Slide preparations were irrigated with solutions of the following parasitocides: Corrosive sublimate, carbolic acid, sulpho-carbolates, salol, quinine, salicylic acid, iodine, resorcine, creosote, turpentine, camphor, boric acid, permanganate of potash, salicine, quassia, ether, arsenious acid, etc. Of these the first five alone checked the vigor of movement, and of the five salol succeeded best. Quinine appeared to prevent spore-infection of the red blood cells.

Fifteen pages of illustrations accompany the report.

DYSPEPSIA.

IMPERFECT digestion is usually due to one of two causes, impaired movements of the stomach, and faulty secretion. When muscular contraction is impeded, food lodges here and there, and occasions flatulence and gaseous distension; the gas being evolved from the food, and not from the stomach itself. Here we have oppression after eating, perhaps palpitation and embarrassed breathing, and

always constipation. When secretion is altered in quality, there is local irritation; food is imperfectly dissolved, and its chymification delayed; and there is always pain, and often diarrhoea. And when secretion is scanty, the salivary glands participate; a dry tongue means a dry stomach, hence constant want of appetite. Small and early dinners are advisable, before the nervous system has been taxed by business anxieties, "politics," or physical strain. Most persons eat too much at a time, anyhow. Foods abounding in starch and sugar should be given a wide berth. Tea is both a cause and an aggravator of dyspepsia. Coffee and beer are not much better. Weak cocoa and milk with lime-water, are excellent substitutes; and, if a stimulant be needed, Mariani's coca wine, which certainly helps a jaded nervous system. Nux vomica (or its alkaloid) is invaluable, taken before meals. For a tonic, digestion calls for a tonic treatment. Nux vomica not only improves the contractility of the stomach, but it also increases its secretions.

If there is "heart burn," bi-carbonate of soda will generally check it. Distension is relieved by sulpho-carbolate of soda, a scruple in a wineglassful of hot water. Charcoal, a so-called remedy, is useless; for as soon as swallowed, it becomes wet, and cannot absorb. Often a drop of creosote mitigates pain. As a rule, animal foods are better than vegetable; and lemon juice is the best sauce. A little hydrochloric acid may be good, when deficient in the gastric juices. In dyspepsia, due to malignant disease, it is said to be absent altogether. In many cases the following is a capital prescription:

R.—Acid. hydrochloric. dil. ℥ x.
Acid. lactic. ℥ x.
Glycerini. ℥ xv.
Inf. chirate. 3 j.

But of formulæ for dyspepsia there is no end. Make the work easy for the digestive apparatus; give it a "day off." See to the condition of the teeth; they are often more guilty than the stomach. Preparations of pepsin are undoubted aids to digestion; but it is better to get your pepsin from where it belongs, by correcting the secretions of the glands that supply it.

—LOUIS LEWIS, M.D.

Letters to the Editor.

PRINCIPLES UNDERLYING THE TREATMENT OF PNEUMONIA.

YOUR request in the closing paragraph on pneumonia in May number of *Medical World*, persuades me to write you on the subject.

You state that "the disease is one in which the intrinsic tendency is so strongly towards recovery that, under any treatment, the vast majority recover."

While this statement is true, and because it is true, it becomes difficult to escape the conviction, that a plan of treatment which is rewarded with success, could not in itself point to the true nature of the disease. The opposite, it would seem, should be true, that is, that the nature of the disease should point to its rational treatment.

Now we ask, is it not of the greatest importance that a clear idea should prevail relative to the nature of pneumonia?

What we mean by the nature of pneumonia is unlike what we may seem to mean.

In distinction, allow me to say, that many writers call the appearances and order of pneumonia which are presented the nature of the disease.

We call such, the facts which are presented through the nature of the disease; while we call the nature of the disease, the principles and laws which are behind, and implied in the active presentation of such order of phenomena.

Now, if we have a clear idea of such principles and laws, the treatment becomes suggestive from such basis.

Nature has supplied but one code of principles and laws, and thus, if we all recognize the correct premises, there would be far more similarity in the treatment.

That there are such principles and laws I think no one will deny; but what are those principles and laws is the open question.

Now, we ask what is the recognized nature of pneumonia, or law and principle, which is behind, that develops the phenomena, which in the aggregate is called pneumonia? In our reading of medical literature we have failed to find such principles and laws set forth.

Recognizing such a deficiency, we have sought to find this underlying principle, and believing that we have found it, we have presented our interpretation of the same in a small volume entitled "Higher Medical Culture." We know it is asking much to ask a busy man to review all the literature at an early day. Should you find time to investigate this subject from our standpoint, please open the book at page 86.

To pursue a treatment, based on the report of success, would hardly do justice to the comprehensive element of the problem.

If there is a principle behind to guide a treatment, such would seem more preferable than to follow a routine plan on the strength of any reported success.

I can see no rational guide, except what the nature of the disease may suggest in each case.

You state, "I would like to see a trustworthy record of cases treated without the use of any but external remedies."

While we might mention many, where the internal treatment was only a placebo, where the real benefit was derived from external treatment, we will mention only one case of extreme degree, where both external and internal was used, as my theory of the nature of pneumonia suggests.

I was called to see a robust young man in the early stage of a double pneumonia; temperature $106\frac{1}{4}$; râles extending over both lungs; pulse not so important to me, I have no record.

I sewed together two pillow-cases; wet one in cold water wrung dry; enveloped the chest, and wound the dry around that. Then prepared another with which to make change.

I then instructed the nurse to change the application every twenty minutes, until I made my next visit. This plan was carried out, with plenty of water drinking to cool the blood, in connection with a liberal dose of opiates.

Twelve hours later I made my second visit; found temperature $100\frac{1}{4}$. Believing that I had accomplished the converting of a severe form of pneumonia into a milder one, as anticipated under the law, I then continued more or less of the local treatment, keeping the temperature below 103 during the remainder of continued disease.

While the lookers-on pronounced this treatment horrid, the patient said it was agreeable.

Now, while such treatment may seem horrid, the nature of the disease suggested such treatment in this particular case. Now, it would not do to predicate a treatment on my success; but all treatment should be predicated on the same principles, which I had in mind, that would modify the treatment very much in many cases; at the same time afford appreciation of such principles, which would both permit and suggest what should be the special treatment for the particular case under consideration.

It seems to me that the most important department of thought to be entertained in the treatment of all diseases, to be the thought which comprehends the nature of the principles and laws; which gives possibility to that active phenomena and fact, called disease. Thus the treatment would be suggested from the principles and law, which is behind.

Medical science is based on such premises; that is, the science of medical practice is based on the principles and law of the power, which give activity to the phenomena we are required to consider. In my book, "Higher Medical Culture," I have sought to present such premises; if I am not right in my interpretation, such fact would not invalidate the premises indicated, but show that I had not made a success with a correct interpretation of such premises, thus leaving this direction an open question for more advanced thinkers to illustrate.

Being in earnest meditation for a comprehension of a higher level of medical sciences, I am truly grateful for the many efforts which are made through the many journals devoted to this department.

W. R. DUNHAM, M.D.

TROY, N. H.

PAROTITIS FOLLOWING PNEUMONIA.

ON page 490 of TIMES AND REGISTER is a report of a case of parotitis following pneumonia. I had a case of this kind last February. A man, aged about thirty, living seven miles from my office, had pneumonia; the temperature running unusually high, so that I was obliged to give pretty good doses of acetanilide to keep it within bounds.

On the seventh day the temperature dropped to 100° , but when I called the day following I found both parotids badly swollen, and the thermometer registered 105° . The left gland very rapidly suppurated, and when opened two or three days later discharged about four ounces of pus, and continued to discharge for nearly a week. I then left him with directions to let me know if he did not get along well. I was called in two weeks and found him still in bed, and suffering from the most excruciating lumbar pains that seemed to shoot through his back like arrows. He was, I believe, fully thirty minutes turning, so I could examine his back; he would let no one help him turn. They told me he had had fifty or a hundred boils on his back, which showed evidence of his having had a good many.

He had been taken care of by a nurse who, during the two weeks of my absence, had been feeding him Dr. Filkin's Balsam for his kidneys.

I called a counsel, but we were unable to arrive at a positive diagnosis.

He has improved slowly since upon the use of Basham's mixture, and walks around quite well now.

About three weeks prior to first sickness his wife had a premature birth at six months, and one week

later developed symptoms of septicaemia, but recovered in about three weeks. While she was sick her son, about seven years, and husband were attacked with pneumonia, being all sick at once.

JAS. T. HURD, M.D.

GALETON, PA.

Book Notices.

ATLAS OF CLINICAL MEDICINE, by BYROM BRAMWELL, M.D., F.R.C.P., Edin., F.R.S., Edin. Vol. I, part IV. Edinburgh. Printed by T. & A. Constable, at the University press, 1892.

Our readers are familiar with Dr. Bramwell's great work, from the notices of the first three fasciculi in this journal. The fourth part is fully up to the high standard of its predecessors. It contains thirty pages upon small-pox, eight upon globulinuria, three new cases of Friedreich's ataxy, one of chronic insanity, one of hilarious mania, and the index for the first volume. Ten plates accompany this part. The execution of these illustrations fully warrants the encomiums they have received, but we can appreciate the feeling prompting the author's remark concerning them, in the prospectus of the second volume. We suspect that our contemporaries who have spoken so warmly of the illustrations and said but little of the subject-matter, have scarcely looked at the latter. No clinical teacher could fail to value at their true worth the papers on which Dr. Bramwell has bestowed so much care.

For the second volume, the following prospectus is issued :

The second volume of this work, which may, from the extensive character of the letterpress, be termed "An Illustrated Treatise on Clinical and Systematic Medicine" (for the plates, though a striking feature, are not, in the opinion of the author, the most important part of the work), will be issued in three instead of four fasciculi—published on September 1, 1892; January 1, 1893, and May 1, 1893.

Letterpress.—The second volume will contain at least the same amount of letterpress as that which was originally promised for the first volume, *viz.*, 128 folio pages, equal to 400 octavo (ordinary book) pages.

The letterpress of the second volume will comprise : (1) *Articles on Medicine* (clinical and systematic), including exhaustive descriptions of many of the diseases illustrated by the plates ; (2) wherever it is possible, a *Complete Clinical History* of the individual cases figured in the plates ; and (3) *Reports of Clinical Cases* of special interest and value.

Plates.—The second volume will contain at least thirty plates, of the same high-class character as those contained in the first volume.

The cost of producing the work in its present style is very great. The author therefore hopes that the profession throughout the world will support him in his arduous and (financially) serious undertaking.

In producing a work of this kind, two courses may be adopted, *viz.*, either to issue a limited number of copies at a high price, or to issue a large number of copies at a low price. The author has chosen the latter method in order that the work may be within reach of every member of the profession—but for the success of the latter method, a large number of copies must be sold.

Price.—The subscription price for the second volume will be (carriage paid) £1, 11s. 6d.

The published price of the first volume, handsomely bound in buckram, with gilt-top, the plates mounted on linen guards, will be £2, 2s. net (carriage paid).

Subscribers to the second volume will be supplied with the first volume in parts (unbound) at the original subscription price, £1, 11s. 6d., or with the bound volume at the price of £1, 18s. (carriage paid).

Subscribers who agree to take the first two volumes may, if they prefer it (instead of paying the full subscription price in advance), receive the work in instalments, one fasciculus every three months at the price of 10s. 6d.

Covers for Binding.—The first volume will be supplied by Messrs. Constable at the price of 3s. (carriage paid).

Subscribers to the first volume who send the four fasciculi to Messrs. Constable can have the volume bound (gilt top, plates mounted on guards) for 3s. 6d. This price does not include the cost of carriage, which will be by parcel post (including packing) about 1s. 6d. each way.

Subscribers who send the fasciculi comprising the first volume to be bound, should see that the parts are securely packed in several folds of stout, brown paper. The publishers cannot, of course, be answerable for any damage received in transit.

Subscribers resident abroad will receive the work in parts (unbound), carriage, but not duty, paid, at the ordinary subscription rate, £1, 11s. 6d., provided that they send their subscriptions direct to Messrs. Constable.

All subscriptions payable in advance by post-office order—not by cheque, unless the bank commission of 6d. is added.

All orders should be sent to Messrs. Constable, University Press, Edinburgh.

DISEASES OF THE EYE. A Hand-book of Ophthalmic Practice. By G. E. DE SCHWEINITZ, M.D. Royal 8vo. of more than 600 pages. Over 200 fine wood-cuts, many of which are original, and 2 chromo-lithographic plates. Price, cloth, \$4.00, net; sheep, \$5.00, net.

"The general plan of the book is practical, and the methods of examining eyes, and the symptoms, diagnosis and treatment of ocular diseases and refractive defects are everywhere brought into prominence. Attention is called to the following points :

"I. The systematic directions for recording each case of ocular disease and for making the examinations necessary to lead to an accurate diagnosis, beginning with direct inspection of the eye and passing in review one method of precision after the other until all the functions of the organ have been investigated.

"II. The careful explanation of the two methods of ophthalmoscopy, and the cautions which help the student to use the ophthalmoscope properly, and prevent him from falsely interpreting its findings.

"III. The judicious classifications of the various diseases of the eye, facilitating their study, together with useful tables for differential diagnosis.

"IV. The symptom-grouping, which, with each important general disease, precedes the special symptoms of the various types—*e. g.*, in glaucoma, cataract, iritis, choroiditis, retinitis, optic neuritis, etc.

"V. The careful pointing out of the indications for treatment, and the detailed methods of treatment, both medical and surgical.

"VI. The explicit directions for preparing a patient, the hands of the surgeon, the dressings, and the instruments preparatory to an operation, and the detailed description of the steps of the important operations.

"VII. The selection of the illustrations (nearly one-third of which are new), which materially facilitate the understanding of the directions.

"VIII. Special attention is called to the work of Dr. James Wallace, who contributes:

"(a) The chapter on General Optical Principles, including Accommodation and Convergence. The descriptions are clear, and especially valuable to students are the practical directions for combining spherical and cylindrical lenses.

"(b) The chapter on Normal and Abnormal Refraction, in which all that is theoretical is well explained, and—what is most useful—the pages are replete with practical directions for determining the refractive error, illustrated by numerous examples. The sections on Astigmatism and Presbyopia are especially clear in these respects. The addition of a section on Spectacles and their Adjustment is most valuable. These directions are seldom found in textbooks, and are nowhere so explicitly recorded.

"(c) The section on Reflection, which suitably precedes a clear account of the Ophthalmoscope and its Theory.

"(d) The portions devoted to the Rotation of the Eyeball Around the Visual Line, and the explanation of the Projection and Position of the Images in Strabismus, illustrated with Dr. Wallace's original drawings, which greatly help in the understanding of these difficult subjects.

"(e) The carefully-classified Causes of Concomitant Squint and the terse explanations.

"IX. The contribution of Dr. Edward Jackson on Retinoscopy, which is an excellent and practical description of this method of determining refractive error, written by a master of the subject, and illustrated by examples and original drawings."

BUREAU OF EDUCATION. Circular of Information No. 9, 1891. Biological Teaching in the Colleges of the United States. By JOHN P. CAMPBELL, A.M., Ph.D.

THE HISTORY OF HIGHER EDUCATION IN OHIO. By GEO. W. KNIGHT, Ph.D., and JOHN R. COMMORES, A.M. Circular of Information No. 5, 1891. Washington: Government Printing Office, 1891.

TREATISE ON GYNECOLOGY, MEDICAL AND SURGICAL. By S. POZZI, M.D. Translated by BROOKS H. WELLS, M.D., Vol. II. With 174 wood engravings and 9 full-page plates in color. New York: William Wood & Company, 1892.

This volume treats of inflammation of the uterine adnexa, neoplasms of the uterine adnexa and ligaments, genital tuberculosis, intra- and extra-peritoneal pelvic hematocele, extra-uterine pregnancy, diseases of the vagina and vulva, malformations of the genital organs, and diseases of the urinary tract, rectum and pelvis. The last two chapters are by Auvard.

The character of the work is fully up to the standard of the first volume. We recommend it to the attention of our readers.

DISEASES OF THE NERVOUS SYSTEM. By JEROME K. BAUDUY, M.D., LL.D. Second edition. Cloth, 8vo., pp. 352. Price, \$3.00. Philadelphia: J. B. Lippincott Company.

Sixteen years having elapsed since the appearance of the first edition, Dr. Bauduy has rewritten the book. Another volume is promised, to be devoted to

diseases of the spinal cord, functional and peripheral affections of the nervous system. We would like to question the author's decisive death warrant prognostic in tubercular meningitis, and have not forgotten the hopes excited by Spitzka's report on iodoform ointment applied to the scalp, in 1887. But all our trials of that promising method have failed, and every other trial has failed, and we have no personal results to place in opposition. We have found the work interesting in every page.

TRANSACTIONS OF THE AMERICAN ORTHOPEDIC ASSOCIATION. Vol. IV., 1891. Contains an account of the fifth session, held at Washington, D.C., September, 1891, including 54 papers.

CLINIQUE DES MALADIES DU SYSTÈME NERVEUX. M. LE PROFESSEUR CHARCOT. Leçons du Professeur, Mémoires, Notes et Observations, parus pendant les années, 1889-90, et 1890-91, et publiés sous la direction de Georges Guinon, chef de clinique. Tome I. Avec 47 figures et 3 planches. Vol. in 8 vo. de 468 pages. Paris, aux Bureaux du Progrès Médical, 14 rue des Carmes, 1892. Prix, 12 francs.

RECHERCHES CLINIQUES ET THÉRAPEUTIQUES SUR L'ÉPILEPSIE, L'HYSTÉRIE ET L'IDIOTIE; compte rendu du service des enfants idiots, épileptiques et arriérés de Bicêtre pendant l'année, 1890. Par Bourneville, Médecin de Bicêtre, avec la collaboration de MM. Camescasse, Isch-Wall, Morax. Raoult, Seglas et P. Sollier. Vol. XI, in 8vo, de 252 pages, avec 46 figures dans le texte et 10 planches. Paris, aux Bureaux du Progrès Médical, 14 rue des Carmes, 1891. Prix, 6 francs.

ILLINOIS STATE BOARD OF HEALTH, 11th Annual Report, 1888. Official Register, 1892. Springfield, Ill. H. W. Rokker, State Printer and Binder, 1892.

CANCER AND ITS TREATMENT. By DANIEL LEWIS, A.M., M.D., Ph.D., 1892. Geo. S. Davis, Detroit. Paper: pp. 127. Price, 25 cents. With colored plates, illustrating sarcoma of the scalp and Paget's disease of the nipple.

USES OF WATER IN MODERN MEDICINE. Vol. I. By SIMON BARUCH, M.D. Paper, 115 pages. Price, 25 cents. Geo. S. Davis, Detroit.

Dr. Baruch has done much for the popularizing of hydropathy in this country, and this book is a further move in the same direction.

The Medical Digest.

METHYLENE BLUE has been employed in seven cases at the Johns Hopkins Hospital, and the following conclusions have been drawn:

1. Methylene blue has a definite action against malarial fever, accomplishing its end by destroying the specific organism; but it is materially less efficacious than quinine, failing to accomplish its purpose in many cases where quinine acts satisfactorily.

2. The action appears to be rapid, the chills disappearing, or the temperature, in the remittent cases, falling to normal during the first four or five days; but later, however, if a sufficient number of organisms have resisted the drug, they appear to develop again directly under its influence, causing a return of the symptoms.

3. Methylene blue seems to have no advantages over quinine which would warrant its further use.

—Thayer, *Johns Hopkins Medical Bulletin*.

THE TREATMENT OF PERNICIOUS REMITTENT FEVER.—The treatment of pernicious remittent or typhoid malarial fever as it is commonly called, must be both active and persistent at the outset, if we would have success.

After determining all diagnostic points, such as glandular torpor, diurnal remissions, nervous prostration, etc., etc., I prescribe this :

R.—Quininae sulphatis.....	3 j.
Ferri carb.	3 ss.
Antipyriu	3 ss.
Hydrarg. chlor. mit	℥ j.
Hydrarg. cum cretæ.....	℥ ss.
Potass. chlorat.....	gr. xv.
Lactopep	gr. x.

M.—Ft. mass ; div. in capsul., xx.

Sig.—One every three, four or six hours, as indicated.

Begin this treatment at midnight, hoping to get an effect on the next thermal rise, which will be about two or three o'clock P.M. During the paroxysms, keep down hyperpyrexia until the hour comes again. If I succeed in postponing the thermal rise each day, I am in a measure successfully combating the disease. The above prescription is a wonder worker in my hands. Phenacetine is the thing in hyperpyrexia. No nourishment until the natural craving of the patient demands, as it is only adding fuel to the flame.

When the natural secretions are established, the tastes and desires of the patient can be pretty generally relied on. Stimulants are seldom indicated, unless for low states co-existent to the disease; the overweening desire of some physicians in this direction is to be regretted. Over-stimulation too often establishes false convalescence, and thus retards recovery, as well as causing lost confidence.

—L. H. Davis, in *Memphis Med. Monthly*.

ALCOHOL AND TOBACCO POISONING.—This man is thirty-four years old ; a salesman by occupation. He has been in the habit of using tobacco freely, and alcoholic stimulants in considerable quantities. About a year ago, he began to feel that he was not as well as he had been, and that he was getting nervous. His strength began to fail, and he did not sleep well. He has no appetite, and suffers from nausea and occasional vomiting. These symptoms began about a year ago and have continued up to the present time, so that he is unable to attend to his work.

He appears fairly well nourished ; his color is good. The heart's action is more rapid than it should be ; there is a systolic murmur at the apex ; the walls of the radial arteries are a little thickened, with somewhat increased tension. The liver is slightly diminished in size. The vomiting from which he has suffered has been for the most part not vomiting of food, but of sour mucus before breakfast.

This is rather a straightforward history of a man suffering from chronic poisoning from a combination of two poisons ; he is suffering from chronic alcoholism and from chronic tobacco poisoning. He has thickened arteries : that means chronic endarteritis. He has a small liver : that probably means cirrhosis. His urine has not yet been examined, but it is probable that there are already changes in the kidneys, similar to the changes in the liver and the arteries. In this man, therefore, these poisons have set up a chronic productive inflammation in the arteries, the liver and the kidneys. In addition to this, he has the nervousness, the sleeplessness, the loss of appetite, the morning vomiting, which are the more im-

mediate results of the condition brought about by these poisons.

This man is still young, and I see no reason why he should not get back to a fair condition of health. Of course, in such a case as this, the very first point in the treatment is the cessation of the poisons which have been causing the trouble. There is no use talking about the gradual giving up of tobacco and alcohol ; they should both be given up entirely and at once. If the patients refuse to do this, there is no use treating them. The next thing to do is to try and remedy the stomach disturbance and increase the appetite. In many of the cases you can do this by giving them an alkali before meals. I generally use the following :

R.—Sulpho-carbolate of sodium.....	3iv.
Tinct. nux vomica.....	3ij.
Glycerine.....	3ij.
Water	3vi.

Dose : One tablespoonful three times a day.

If the stomach disturbance is very marked, it should be washed out every day with plain or medicated water.—Delafield, *Southern Clinic*.

"GREY POWDER" FOR SYPHILIS.—I presume it is safe to state that there is but one reliable remedy for syphilis. From time immemorial mercury has been employed in this disease, in various forms, ways and doses. At one time pushed to extremes, until the remedy became worse than the disease ; at another time either prescribed too late, or else discarded as having fulfilled its mission, long before its usefulness had been established. Many drugs and combinations have been paraded as substitutes, but the fact remains that, in mercury, we possess as near a specific for syphilis as anything known in medicine, provided it be employed early, continued long enough, and in doses incapable of injury to the constitution. Syphilis is certainly less virulent to day than it was in the past, and is more amenable to treatment ; and the persistent use of mercury, maintained for at least a year, may be reasonably expected to render the patient safe and fit to marry, without danger of injury to offspring, about a year after discontinuance of the treatment. As to the form in which it is best administered, there is great diversity of opinion. The late Berkeley Hill (London), a noted syphilographer, favored the bichloride in doses of 1-10 gr., two or three times a day, especially when other forms irritate the intestines. Jonathan Hutchinson (London), a still higher authority, has always recommended mercury with chalk, in doses of 1 or 2 grains, three or more times a day, and still maintains that it is the unrivaled remedy. Dr. Keyes (New York) prefers the protiodide in most cases, for the good reason that its irritant action on the intestine gives timely notice when its full effect has been reached, before the advent of salivation. He also advocates blue mass and corrosive sublimate, when the protiodide is not suitable.

All authorities have their favorite method of usage, but I think most of them are at one in the conviction that mercury is best given through the medium of the stomach. For years I have treated syphilis with hydrargyrum cum creta, and Dover's Powder, 1 gr. of each, about three times a day (sometimes four), and can speak highly in its praise. I have seen many cases cured, and healthy offspring follow marriage, when the treatment has been honestly carried out. Many troublesome affections due to syphilis, as jaun-

dice and interstitial changes in the liver, inflammation of the cornea, iritis, and other diseases of the eyes, chronic enlargement of various glands, are specially benefited by this treatment; while it in no way hinders the co-administration of the iodides, when these are indicated, as in the pulmonary, cerebral, and nervous expressions of the disease, gummata, bone and joint affections, and other advanced stages.

In 1886, Messrs. John Wyeth & Bro., of this city, manufactured tablets, at my suggestion, containing 1 grain each of grey powder and pulvis ipecacuanha co., and 2 grains of sugar of milk. I have prescribed these very frequently, and with success. They are tasteless, reliable and easy of administration, and rarely, or never, disagree or irritate. They act as a tonic and increase the bodily weight in most cases, and the small amount of opium, while all sufficient to prevent too rapid elimination, tends to counteract the irritability always present in such cases.

Apart from their specific action, these tablets are of great value as general alteratives. They correct the secretions when disordered, notably the bile and intestinal fluids, and are highly serviceable in cholera infantum and summer diarrhoeas. The vomiting and green diarrhoea of bilious children yield to about a sixth part of one tablet, repeated p. r. n., and the achotic stools of adults soon regain their color. In "mumps," three or four tablets a day act admirably. In fine, whenever alterative or resolvent action is desired, these tablets well deserve consideration.

—Louis Lewis, M.D.

PULMONARY AFFECTIONS WHICH MAY LEAD TO PHTHISIS.—Dr. J. Edward Squire (in the *Brit. Med. Journal*) restricts the term "phthisis" to pulmonary tuberculosis, which is invariably due to infection from without, and more readily attacks organs damaged by disease or injury. Thus tuberculosis of the lung is favored by diseases which restrict the movements of the chest walls in respiration, or which lead to inflammatory exudation in the air passages or in the air cells, there furnishing a suitable nidus for the development of any bacilli inhaled. Those affections which are chronic in their course, or which leave behind a permanently damaged condition of the tissues, are the most likely to lead to phthisis. With regard to interference with respiratory movements, causes which produce unequal expansion in different parts of the lungs are more potent in favoring tuberculosis than those which restrict the movements of the chest as a whole. Movements are restricted by affections of the chest walls; also by altered conditions of the lungs themselves, such as fibrosis and general emphysema—the former a common antecedent of tuberculosis, the latter rarely associated with phthisis. Pleurisy is a frequent antecedent of phthisis, and may act by producing a general diminution of resisting power in the individual, and by restricting movements by effusion or adhesions. The connection between tuberculosis of one apex and an antecedent pleurisy at the base of the same or of the opposite lung is obscure, but a large effusion might favor tuberculosis at the apex of the compressed lung. A nidus for the tubercle bacilli is formed by catarrh, bronchitis, or pneumonia, and cases are quoted illustrating phthisis following each of these. Neglected catarrh is considered a frequent starting point of tuberculosis; but often the so-called "cold" from which the patient dated the phthisis was, in reality, the early stage of an already existing tuberculosis. He quotes cases which illustrate phthisis following acute bronchitis and acute lobar pneumonia, and also

instances of non-tuberculosis and tuberculous pneumonia of the apex. The catarrhal pneumonia which may follow whooping cough, measles, and influenza, is to be considered a very potent cause of phthisis; for here, besides the damaged lung, there is the diminished power of resisting disease infection due to the general debility left by the illness. Hemorrhage of the lung and injuries are mentioned as the antecedents of phthisis. All the affections referred to might, and frequently do, occur in the course of phthisis; but it is also important to recognize their occasional causative action. The large râles of bronchitis occurring in the course of phthisis might mask the signs of tubercle, and lead to the true nature of the illness being overlooked. Disease or injury of the lung, when not directly inducing phthisis, might, if a subsequent illness leads to tuberculosis, determine the seat of primary deposit. In conclusion, attention is drawn to the importance of the microscopical examination of the sputa, and of careful and repeated physical examination of the chest, in all cases where damaged lungs had increased a susceptibility to pulmonary tuberculosis.

COPAIBA IN ATROPHIC CIRRHOSIS OF THE LIVER.

—At a recent meeting of the Kiev Medical Society, Ghèorgievsky read another paper on the subject, in which he details his therapeutical experiments on twelve patients with atrophic cirrhosis of the liver. The balsam as well as the resin was administered internally, the daily dose varying from $\frac{1}{2}$ to 1 drachm. The diuretic effects of either of the remedies were invariably "sure, strong, and durable." The daily quantity of the urine increased twice or thrice against that before the treatment. At the same time ascites steadily decreased, the bodily weight correspondingly sank, the patient's subjective condition improved, etc. One of the patients left the clinic quite free from any dropsical phenomena, his recovery appearing to be permanent (at least no relapse occurred up to the date; eight months passed since his discharge). When the resin was used the patient's stools became rather liquefied and frequent during the first few days, but later on the intestinal action regained its normal frequency and character. The administration of the balsam itself, however, was followed by the appearance of a disagreeable eructation, coated tongue, and looseness of the bowels, which occasionally necessitated an anti-diarrhoeal treatment. No real irritation whatever was observed in any of the cases. On the whole, Ghèorgievsky comes to the conclusion that copaiba balsam and resin afford fully reliable, powerful, and entirely harmless diuretic agents. He even expects that "their systemic use in atrophic cirrhosis of the liver can make the prognosis more favorable."

In the course of a discussion, Professor Loesch has emphatically endorsed the author's statements, adding that according to his experience, (1) the copaiba resin offers the best diuretic and anti-dropsical remedy yet known; (2) in cases of ascites with an extremely increased intra-abdominal tension, the remedy's action proves to be comparatively less successful; (3) there do not exist any contra-indications for the employment of the resin.

—*Provincial Medical Journal.*

ORIGIN OF INSANITY.—1. All mental faculties arose each in its time, and they are of all ages, many of them being quite modern.

2. The date of birth of a faculty in the race may be judged by the age at which it appears in the in-

dividual, and its more or less universality in the race.

3. The stability of a faculty in the individual depends upon its age in the race; the older the faculty the more stable it is, and the less old the less stable.

4. Consequently the race whose evolution is the most rapid will have the most breakdowns.

5. Those functions in any given race whose evolution is the most rapid will be the most subject to breakdowns.

6. In the more progressive families of the Aryan race, the mental faculties have for some milleniums last past developed with great rapidity.

7. In this race the large number of mental breakdowns, commonly called insanity, are due to the rapid and recent evolution of those mental faculties.

—Bucke, *Canada Pract.*

PHYSIO-MEDICALISM.—The editor of *Sanative Medicine*, the organ of the so-called physio-medical school of medicine, and published at Westerville, Ohio, dedicates to the editor of this journal the following, as containing the history, principles and motto of his school:

"*History.*—The Physio Medical school of medicine had its founding in the teaching and practice of Samuel Thomson, and its development under the labor of Alva Curtis, A. M., M. D. (1805-85)

"*Principles.*—It holds to the following principles, believing them to be the basis of the science of medicine.

"1. *The vital properties of the living matter of the human organism are definite and fixed*, the same in the sick man as in the well man, hence, the fallacy of an agent being remedial in the first case and poisonous in the latter.

"2. *The relationship of agents to the living matter of the system is definite and fixed*, hence, the fallacy of quantity altering quality; therefore,

"3. *A given agent always produces essentially the same effect*, due allowance being made for seeming exceptions as idiosyncrasy and repetition.

"4. *The relation of poisons to the living matter of the system is only detrimental and never truly remedial.*

"*Motto.*—Conditiones Medica Saniter."

From the above it will be seen, if we understand what the language means, that the only principle of this "school" is, that under no circumstances will its believers administer poisons. A definition of the word "poison" in this connection would be interesting, and also an interview with the druggists filling the prescriptions of Physio-Medicalists. We strongly suspect that their prescriptions would read very much like those of other physicians, including our homœopathic brethren, who, with scarcely an exception, have long since abandoned their "principles" of similia and infinitesimal doses—*Columbus Med. Jour.*

THERAPEUTIC NOTES.

(E. W. BING, M.D., CHESTER, PA., TRANSLATOR).

EXALGINE is recommended highly by Dujardin-Beaumetz and Baroit in neuralgic dysmenorrhœa, producing a more rapid and complete alleviation of pain in a smaller dose than antipyrine.

—*Gazette de Gynecologie.*

LYSOL as an antiseptic in gynecology has advantages, and is being more extensively used, as its microbicide properties are being well established.

—*Gazette de Gynecologie.*

THE TEETH OF EVE.—A singular fashion has just appeared in America, that of carrying diamonds in the teeth. This strange whim had its origin with a singer in a music hall, who sought to dazzle her admirers every time she opened her mouth. A diamond of small size is fixed in a portion of false tooth. A corresponding part of the real tooth is cut out, and the piece containing the diamond fixed in the cavity.

"The innovation has met with such success that it is now the rage among society women who desire to imitate it."—*La Mere et L'enfant.*

URETHRITIS IN WOMEN (Eberman).—The author insists on the necessity of endoscopy to verify the diagnosis. The most frequent cause is from gonorrhœal infection. In the acute stage urethritis may be passed over unperceived but it may be accompanied by great dysuria or strangury. The chronic form is still less noticeable, and often only shows itself by the spots on the linen or by urinary deposit.

In the chronic cases the external orifice of the canal is of a deep red, sometimes bluish, color; its walls are thickened, and pressure may cause a drop of pus to exude. Endoscopy in the acute stage shows the ordinary signs of inflammation. In the chronic form one observes granulations, which may occupy the whole circumference of the urethra, or only one of its walls, presenting the appearance of fish eggs.

The glands of Littre, normally invisible, show themselves as small prominences, especially in the glandular form, but they may be combined with granulations.

Organic stricture of the female urethra is very rare, and is generally the result of traumatism (as from injury during labor). There may be fissures in the urethra giving rise to tenesmus and frequent desire to urinate.

The treatment of fissures of the neck of the bladder by a strong nitrate of silver solution, applied by means of the endoscope, has given good results in Eberman's hands. To site a single case, a girl unsuccessfully treated for six months by scarification of the uterine neck, injections, etc., was relieved after a first cauterization, and cured in a month. Rapid dilatation with the speculum has also been advantageous, but he prefers the cauterization, which he uses in chronic urethritis equally for granulations and condylomatous vegetations. He first applies cocaine as an anæsthetic. In follicular urethritis he uses tr. iodine, or iodoform, or gauze soaked in tr. thesja occidentalis.

—*Gazette de Gynecologie.*

FRENCH NOTES.

A. E. ROUSSEL, M. D.

PHENATE OF COCAINE.—Dr. Von Oefele (Hengersberg) has utilized the slight anæsthetic properties of carbolic acid, by combining the same with cocaine. The new salt possesses more persistent analgesic properties than cocaine alone, and as a smaller quantity of the alkaloid is injected, we diminish the chances of intoxication. The persistence of the anæsthesia, produced by the phenate of cocaine, is explained by the insolubility of the salt. The following formula is recommended by Von Oefele.

For Local Application in the Pharynx, in the Tonsils, etc.:

R.—Phenate of cocaine.....15 gr.
Absolute alcohol..... 2½ dr.

M.—External use.

R.—Phenate of cocaine.....15 gr.
Sulphuric ether.....2½ dr.
M.—External use.

For Hypodermic Injections and for Instillations in the Ear, in Cases of Otalgia :

R.—Phenate of cocaine... 1 2-3 gr.
Dissolve in
Alcohol..... 1 1-5 dr.
Add
Distilled water 1 1-5 dr.
M.—S. Inject the contents of 1 to 3 Pravaz syringes of this solution.

For Pulverizations and Inhalations, in Affections of the Larynx and Bronchi :

R.—Phenate of cocaine..... 1 2-3 gr.
Menthol 4 1-6 gr.
Dilute alcohol..... 2 1-2 dr.
M.—S. One-fifth of this quantity is to be used during the day.

Snuff Powders, for the Treatment of Nasal Catarrh, Acute and Chronic :

R.—Phenate of cocaine..... 3 1-3 gr.
Pulverized boric acid.....30 gr.
M.—Sig. External use.
R.—Phenate of cocaine,
Menthol āā 3 1-3 gr.
Powdered flowers of muguet,
Sub-nitrate of bismuth.....āā 30 gr.
M.—Sig. External use.
R.—Phenate of cocaine..... 3 1-3 gr.
Powdered root of tormentilla,
Powdered roast coffee.....āā 1 1-2 dr.
M.—Sig. External use.

For the Treatment of Divers Affections of the Stomach :

R.—Phenate of cocaine..... 3-4 gr.
Sub-nitrate of bismuth..... 30 gr.
M. and divide in five powders
Sig. One powder before breakfast, or in cases of gastralgia, one hour before the customary time of the principal attack.
R.—Phenate of cocaine..... 1 1-6 gr.
Powdered condurango.....15 gr.
M. and divide into ten powders; one before breakfast in cancer of the pylorus.

—*Revue de Thérapeutic.*

GERMAN NOTES.

HERMAN D. MARCUS, M.D.,
Resident Physician at the Philadelphia Hospital.

TUMENOL.—Dr. Heisser (Leipzig) recommends tumenol as an excellent remedy in certain forms of eczema, and as an useful drug to alleviate itching.

Tumenol is compounded from earth containing bitumen. Tumenol is not a simple compound, but a mixture of tumenol sulfon or oil of tumenol and tumenol sulfonic acid or "powdered tumenol." The latter is easily soluble in water; the former insoluble in pure water, but is solved if tumenol-sulfonic acid is present; therefore tumenol is solved in water. It may be easily dissolved in equal parts of ether and alcohol, in water and in glycerine.

Thin tumenol ointment (most generally 5 per cent. and 10 per cent. pastes) were very useful. Oil of tumenol can be used pure or in the form of ointments, and finally tumenol-sulfonic acid may be used as dusting powder, or in 2 per cent. to 5 per cent. aqueous solution—tumenol water.

Tumenol has a black color, but does not leave permanent spots on linen. The odor is not disturbing.

Tumenol has no anti-parasitic action, therefore it is useless in gonorrhœa, and ulcus molle.

Locally it is only moderately exciting.

To sum up, tumenol is drying, moderates inflammation, produces quickly scabs, and is of value in the treatment of 1, moist eczema, erosions, excoriations; 2, as a remedy alleviating itching, not only in parasitic dermatitis and eczema (rhagades ani et scroti), but also in forms of prurigo and pruritus.

—*Berl. Klin. Wochenschrift.*

HYDROCHLORATE OF PHENOCOLL.—Hydrochloric phenocoll is the hydrochloric salt of amido acetparaphenetidine or amido-phenacetine. It is more easily solved in water than phenacetine, and can be employed subcutaneously. The taste of this remedy is disagreeable (salty-bitter), and it should therefore be taken in capsules. Solutions are not stable. In some cases it excites nausea and vomiting. Phenocoll is an excellent antipyretic, reducing the temperature from 3° 4°C. The dose is, according to Herzog, gr. xv up to 3 iv, daily.

Cohnheim found smaller doses of benefit (gr. ix, reducing the temperature from 3½° to 4° C. In hectic fevers small doses are recommended. Decrease of temperature takes place with profuse sweating, which is generally more pronounced than if caused by antipyrine.

Rise of temperature is accompanied by chilliness; true chills have never been observed.

The kidneys are not affected. The urine becomes a brownish-red and brownish black in color, but is free of albumen, hæmoglobin or urobilin, etc.

Herzog observed in a phthisic patient, after the use of 15 grains, and still worse after 30 grains, symptoms of dyspnoea, cyanosis, collapse, and cardiac weakness. It is therefore advisable to employ caution when prescribing this drug to patients with cardiac disease or weak constitution. Phenocoll was also employed with good results as an antirheumatic and antineuralgic, in acute and chronic articular rheumatism, ischias, neuralgia and headache.

Cohnheim used the drug also in influenza, finding small doses valueless, while 9 grains three times daily showed very pronounced anti-neuralgic effect.—*Berl. Klin. Wochenschrift.*

PROF. EICHORST publishes his experience with phenocoll. It is an excellent antipyretic in doses of 7½-15 grains, reducing the temperature to normal in from four to six hours.

Nearly all the patients perspire freely during the decrease of temperature and some have chills as soon as the temperature again arises. It is therefore not preferable to phenacetine. It is not as good an antirheumatic as salicylic acid, and no good results have been found thus far of its action as an anti-neuralgic.

—*Pharm. Presse.*

THIOPHENDIJODID A SUBSTITUTE FOR IODOFORM.—Drs. Spriegler and Hock recommend thiophendijodid. Spriegler observed its destroying action on cultures of staphylococci. Thiophendijodid C₆H₄I₂S forms flat crystals, which are very volatile, and melt at 40.5° C. It is insoluble in water, easily soluble in ether, chloroform or warm alcohol. It contains 75 per cent. iodine, and 9½ per cent. sulphur. The odor is disagreeable aromatic.

Hock recommends it highly, having had excellent results. To prepare a 10 per cent. gauze use following solution :

R.—Thiophendijovat..... 3xij.
Alcohol,
Aether.....aa 3xvj.
Glycerin..... 3iiss.

It is well to add about 30 to 45 grains of an alcoholic solution of safranin, so as to be able to note whether the gauze is equally covered.

—*Pharmac. Presse.*

ICHTHYOL IN FISSURED NIPPLES.—Dr. Ochren (Wenden) recommends:

R.—Ichthyoli..... 3j.
Lanolini,
Glycerini.....aa 3iv.
Ol. amygdal. dulc..... gr. xv.
Misce ft. ungt.

This ointment is preferable as securing:

1. Cessation of pains.
2. Quick cure without the use of nipple-shields.
3. The ointment is easily washed off.
4. It is non-poisonous.—*Therap. Monatshefte.*

HABITUAL ABORTION.—Dr. Guido Turazza (Padua) recommends asafoetida against habitual abortions, providing that they are not caused by syphilis, tuberculosis, or diseases of the uterus and its appendages. He had excellent results in 33 cases out of 37 observations.

Turazza recommends:

R.—Asafoetidae gum res..... 3iiss.
Ft. Pil. No. 60.

M.—One pill every second day, and reduce until one pill every tenth day up to labor.

—*Centralbl. f. Gynæcologie.*

NITRATE OF SILVER IN CHRONIC GASTRIC CATARRH.—Prof. Forlanini recommends the following method: Wash the stomach out with 2–1,000 warm table-salt solution, and after using the whole amount, replace it with about $\frac{3}{4}$ pint of a solution of nitrate of silver (2.5–5.0 ÷ 1,000, according to toleration). After thoroughly bringing the solution in contact with the walls of the stomach, the stomach is again emptied and again washed out with a warm table-salt solution. It is essential to remove entirely the nitrate of silver solution, so as to prevent its entrance into the duodenum. One such washing daily will generally be found sufficient. Forlanini has observed this treatment in seven cases of chronic acid dyspepsia with dilatation of the stomach. The washes were well-borne, reduced the dilatation and cured, in all cases, the catarrh.

—*Rif. Med.—Deutsche Medizinische Zeitung.*

OINTMENT IN MEASLES, SCARLATINA, AND VARI-CELLA.—Dr. Richard Klein (Berlin) recommends the following ointment to alleviate the itching in measles, scarlet fever or chicken-pox:

R.—Lanolini pur. andydr..... 3xij.
Vaselin. americ..... 3v.
Aquæ dest..... 3v. 3iv.

Misce terends. f. unguent.

Sig. Rub parts every three hours.

—*Therap. Monatshefte.*

OXYURIS VERMICULARIS.—Dr. Mincohi recommends the following against oxyuris:

R.—Naphthalini..... gr. xv.—gr. xxii.
Ol. olivar..... 3x.—3xv.

Sig. Enema for children.

Or,

R.—Naphthalini..... 3iv.—3iiss.
Ol. olivar..... 3xv.—3xx.

Sig. Enema for adults.

—*Lo Sperimentale.—Internat. Klin. Rundschau.*

BRONCHO-PNEUMONIA.—Prof. Baccelli (Rome) recommends the following in broncho-pneumonia caused by influenza:

R.—Phenacetin. pur..... gr. 2¼.
Quininae salicyl..... gr. 1½.
Camphor ras..... gr. ⅓.
Kermes. mineral..... gr. ⅙.

M.—Sig. Take one of these powders 4 to 5 times daily.

—*La Reforma Medica.—Deutsche Med. Zeitung.*

STABLE MORPHIA SOLUTION.—The following solution is claimed to be stable:

R.—Morph. hydrochl..... gr. xv.
Alcohol..... 3iv.
Glycerin..... 3iiss.
Aquæ..... q. s. f3viiss.

Misce et filtrum.

Sig. Sol. 1–30.

—*Rundsch. f. Pharmacie.*

TREATMENT OF TUBERCULOSIS.—The following formulæ are used subcutaneously, in the treatment of tuberculosis:

1. Picot's Solution:

R.—Guajacoli..... 3iv.
Iodoformii..... gr. xv.
Ol. olivarum,
Paraffin. liq..... q. s. ad 3iij, 3v.

2. Pignol's Solution:

A.

R.—Eucalyptoli..... 3iiss.
Guajacoli..... 3v.
Iodoformii..... gr. xv.
Ol. amygd. dulc.,
S. ol. olivarum..... q. s. ad 3iij, 3v.

B.

R.—Guajacoli..... 3iiss.
Ol. olivar..... q. s. ad 3iij, 3v.

C.

R.—Guajacoli..... 3iv.
Eucalyptoli..... 3iij, gr. i.
Iodoformii..... gr. xv.
Ol. olivar..... q. s. ad 3iij, 3v.

D.

R.—Guajacoli,
Eucalyptoli..... aa 3iiss.
Ol. olivar..... q. s. ad 3iij, 3v.

E.

R.—Kresoli..... 3v.
Iodoformii..... gr. xv.
Ol. olivar..... q. s. ad 3iij, 3v.

F.

R.—Kresoli..... 3v.
Ol. olivar..... q. s. ad 3iij, 3v.

3. Morel-Lavallée's Solution:

R.—Eucalyptoli..... 3iij.
Guajacoli..... 3iv.
Ol. olivar..... q. s. ad 3iij, 3v.

4. Diamantberger's Solution:

R.—Cocaini hydrochlor..... gr. viiss.
Guajacoli,
Ol. amygdalarum..... aa 3v, 3iv.

5. Fosis's Solution:

R.—Cocaini oleinici..... gr. iss.
Kreosoti..... 3iiss.
Ol. olivar..... ad 3xx.

LARYNGEAL TUBERCULOSIS.—Dr. Cozzolino recommends, in the *Revista de las Hospitales*, the following solutions, as spray :

R.—Aque dest.....	3ix, 3v.
Alcohol rectific.....	3iiss, 3ij.
Menthol.....	gr. viiss, gr. xiiss.
Balsam peruv.....	3iv, 3iiss.

Combined with the following powders :

R.—Potass. phosphati.....	3iiss.
Iodoform pulv.....	3iv.
Acid boric.....	3ss.
Menthol.....	gr. vi, gr. xiiss.

—*Deutsche Med. Zeitung.*

Medical News and Miscellany.

KATE MARSTON, who is interested in the project for organizing a leper colony at Vilisoisk, a town of eastern Siberia, has left St. Petersburg for the United States, where she will devote herself to raising funds for the establishment of the colony.

CHATELAIN, in alopecia areata, probably of parasitic origin, observed rapid growth of the hair on the bald spots after the use of iodine-collodium. (1 : 30). Apply the remedy to the spots, and, after several days, when it has scaled off, apply a second layer.

DR. EDWARD VON B. BENSLEY and Prof. T. J. Lawrence, both of Cambridge University, England, Dr. W. Bemis, of the Vanderbilt University, at Nashville, and O. T. Thatcher, of Allegheny, Pa., have been appointed in the extension faculty of the University of Chicago.

THE Halifax (N. S.) Medical Society is engaged in the laudable effort of raising the fees for medical services in that colony. It is an enterprise that never succeeds. If our friends were to direct their efforts to securing the better collection of fees, it would be more to the purpose.

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, October 12, 13, 14, 1892. The outlook is for a very successful meeting. The headquarters for the Association at the American Medical Association, at Detroit, will be the Russell House. Members wishing delegate papers, please address the Secretary, Dr. E. S. McKee, 57 W. 7th street, Cincinnati.

THE Medical Association of the District of Columbia has resolved to exclude from membership all doctors who do not devote their entire time to the practice of medicine. This shuts out the sun-downers, who have places in the Departments. They are also excluded from consultation privileges.

As this shuts the "sun-downers" out of the American Medical Association, as representatives of no medical body recognized by the Association, it seems like hard treatment. But the other physicians say that these men receive salaries sufficient to support them, and all fees received in addition are so much "velvet," hence the sun-downers are able to underbid the regular practitioners, and to cut in to such an extent as to render the practice unremunerative. This has naturally excited a bitter feeling against the men who compete from the vantage ground of a secure income outside of the practice.

THE *New York Herald* has attempted to get an expression of opinion on the following questions :

"Is the proper way to deal with vice to ignore its existence and overlook the patent fact that this spasmodic breaking up of one set of infamous haunts simply means the establishing of another set even worse?"

"Would you approve such a system of medical surveillance as is practised in Paris and other European cities?"

"If not, what would you propose doing with the unfortunate women who are now being driven by man from the only way of living man has left them?"

The replies are exceedingly interesting. Dr. A. Jacobi favors the passage of a contagious disease act, while Dr. A. L. Loomis opposes it. The question is an important one, and could be discussed with profit.

SUICIDE DURING PARTURITION.—Severe as are the pains of labor, and trying as must be the prospect of prolonged suffering, it is not often that we have to record a case of suicide directly attributable to this cause. Recently, however, a woman at Wigan, alarmed by the announcement of a trifling abnormality in the presentation, took advantage of the absence of attendants in search of medical aid, to commit suicide by jumping into the neighboring canal. The next morning her body was found with her newly-born infant, so that the sudden immersion must be credited with having caused uterine contraction sufficient to determine the birth of the child forthwith. The usual charitable verdict of suicide whilst of unsound mind was returned.—*Ex.*

MAY 25, 1892.

TO THE EDITOR OF THE TIMES AND REGISTER.

DEAR SIR:—Referring to my paper against the use by physicians of "patent medicines," the manufacturers of the compound called "Febicide," which I cited as among the nostrums advertised in the *Journal of the American Medical Association*, have called my attention to the fact that they had in former years published the composition of their pills in their advertisements, and have sent me copies of such advertisements. While this does not remove the weighty therapeutic objections that hold against all ready-made combinations, the prescription of which may be highly injurious in a particular case for which the ingredients and proportions have not been specially adjusted, and while I take no blame to myself for not hunting up advertisements some years old, it does, of course, take the preparation out of the category of secret nostrums, and frees the manufacturers from the stigma attaching to the preparation of articles belonging in this category. As I have no desire to be unjust to any one, I make this correction. Yours truly,

S. SOLIS-COHEN.

[Dr. Cohen's letter shows that he was mistaken in numbering febicide among the secret, proprietary or patent medicines, and he makes the *amende* as was to be expected. But his further objection seems to us rather weak. If he does not like ready-made prescriptions, he need not use them. If others do, they have an inalienable right to employ these formulas if they think them best fitted for their cases. It is a pity; when Dr. Cohen started out upon this very laudable crusade, that he did not use a little more care in selecting his examples from among the host of objectionable compounds to be found advertised in the journals.]

If a physician who dispenses his own medicines chooses to use a nicely prepared compound of known ingredients more agreeable to the taste than any he has time or facilities to put up, why should he not do so? We do not like secret remedies, and we think doctors ought to construct their own prescriptions; but the ready-made mixture is a great saver of time and labor, and there are more important matters for the doctor than the rolling of pills.—W. F. W.]

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PROBABLE THEORY OF BOWEL INFECTION.—During the last ten years microbial theories have been advanced as probable sources of manufacturing, and conveying to the body the morbid poisons of many transmissible or non transmissible diseases against which drugs have been administered, with the vain hope of destroying the germs in their infancy. Unhappily the reagent-glass experiments cannot be carried out in their entirety when extended to the vital organism. The antiseptic and infecting materials cannot always be collated to produce antiseptics. Rovighi, from extensive practical experience, assures us that the best test of efficacy is to calculate the amount of sulphuric ether thrown off by the renal organs. Where poisoning is going on in the bowel, from its contents or otherwise, there will always be a large amount of sulphuric ether eliminated, varying according to the amount of decomposition going on in the bowel. According to the testimony of Baumann, Ewald Brigger, etc., there are a number of aromatic substances as indol, skatol, phenol, parakresol, brenzcatchin, etc., produced in the alimentary canal by the decomposition of albuminous substances that readily combine with the sulphuric acid to form the ether that is thrown off by the kidneys in such abundance. This urinary product, according to Rovighi's opinion, is a diagnostic sign for treatment by any of the five following methods:

1. Turpentine and camphor speedily reduce the decomposing products of the bowel when administered in large doses. In man, however, the use of this class of medicine, though indicated, are not so efficacious in practice, probably due to the inefficient quantity.

2. Tannin klysters, strongly advocated by Semmola, during the epidemic of cholera. This has proved effectual in cases of chronic entero-peritonitis, where large quantities of sulphuric ether were eliminated by the urine. Under this treatment the body-weight was retained and emaciation obviated.

3. Injections of concentrated boracic acid lotions have a speedy influence on the putrefaction of the bowel contents, but these must be pushed to the point when poisonous symptoms begin before their efficacy is obtained.

4. A liberal use of Carlsbad or Marienbad waters will exhibit a wondrous effect on the diminution of sulphuric ether eliminated, which is easily estimated in severe cases.

5. Kefyr, when given daily in quantities of 1½ liter, has a powerful effect on bowel putridity. Its virtue appears to reside in the modified form of the lactic acid.—*Ex.*

THE numerous physicians who visit Philadelphia, and desire during their stay to take advantage of the clinical facilities of the various hospitals, are not infrequently deterred from accomplishing this object within the limited time at their disposal, owing to a lack of knowledge of the exact hours at which the physicians and surgeons visit their hospital wards. Hence it is proposed to form an association, to be known as the Association of Hospital Physicians and Surgeons of Philadelphia, and to be composed of visiting physicians and surgeons of the respective hospitals. The Association proposes to publish a roster of the terms of service and visiting hours of its members, and other data which will at once give information to a stranger where and at what hours he can witness practical work in any line of general or special medicine or surgery in which he may be interested.

PHILADELPHIA'S contribution to the Pennsylvania exhibit at the Fair will include a number of articles of great historic interest. Among them are the desk and chairs used in the continental Congress, and the celebrated portraits of the signers of the Declaration of Independence. In the art exhibit, which promises to be large, will appear the very valuable painting: "The Festival of the Brides of Venice," by Giacomo Giacomelli, and a mosaic picture, representing the discovery of the remains of St. Marcus, the patron saint of Venice. The latter contains more than a million pieces, and required in its making seven years of patient work.

A CURIOUS example of applied science has just been recorded by Mr. Marmaduke Sheild. A plumber, while carrying a pot of molten lead, fell, and some of the liquid metal splashed into his ear, causing indescribable agony, as may well be imagined. After the immediate effects of the injury had passed off, it was found that the metal had burst through the tympanum and filled the tympanic cavity, the surface of the lead being just flush with the remains of the drum. It had also penetrated the Eustachian tube and the various depressions in the middle ear, so that removal by the ordinary means was impossible, so tightly impacted was the mass, in spite of the most patient and persevering efforts. It then occurred to the ingenious operator to try the effect of solvents, and mercury at once suggested itself as a possible agent. Experiments having satisfied him of the feasibility of the process, a quantity of metallic mercury was introduced into the ear and retained there for some time. Altogether, the treatment was kept up for about sixteen hours, and the success of the experiment was soon testified to by the escape of some of the mercury along the Eustachian tube. Ultimately, an energetic syringing brought away, first some of the debris, and then the mass itself. Mr. Sheild may with justice congratulate himself and his patient on the success of his ingenious plan of treatment.—*Hos. Gaz.*

WEEKLY Report of Interments in Philadelphia, from May 14 to May 21, 1892:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH	Adults.	Minors.
Abscess	2	1	Inflammation, bronchi.....	4	9
Aneurism of the aorta.....	1	1	" " kidneys.....	6	1
Alcoholism	1		" " larynx.....	1	
Apoplexy	14		" " liver.....		1
Bright's disease.....	9	4	" " lungs.....	23	23
Cancer.....	8		" " peritoneum.....	3	1
Casualties.....	9	8	" " pleura.....	2	
Congestion of the brain.....	1		" " s. & bowels.....	2	7
" " lungs.....	1		" " uterus.....	1	
Cholera infantum.....	10		" " heart.....	1	
" morbus	1		" " spine.....	1	
Cirrhosis of the liv.....	1		Insanity.....	2	
Consumption of the lungs.....	41	6	Intussusception.....	1	
" " throat.....	1		Jaundice.....		1
Convulsions.....	11		Malformation.....		1
Croup.....	4		Marasmus.....		15
Cyanosis.....	3		Measles.....		5
Debility.....	3	3	Neuralgia of the heart.....	1	
Diabetes.....	3	1	Obstruction of the bowels.....	1	
Diarrhoea.....	1	1	Old age.....	19	
Diphtheria.....	31		Paralysis.....	6	
Disease of the heart.....	21	1	Poisoning.....	1	
" " kidneys.....	2		Rheumatism.....	5	1
" " liver.....	1		Shock, surgical.....	1	
Drowned.....	1		Sclerosis.....	1	
Dropsy.....	2		Scrofula.....		1
Dysentery.....	1		Septicemia.....	3	1
Epilepsy.....	1		Softening of the brain.....	1	
Fever, gastric.....	1		Suffocation.....		2
" " malarial.....	1		Teething.....		4
" " scarlet.....	1	15	Tetanus.....		2
" " typhoid.....	2		Tumor.....	3	
Hernia.....	2		Uraemia.....	7	
Inanition.....	11		Whooping cough.....		3
Influenza.....	1				
Inflammation, brain.....	2	11	Total.....	226	206

THE CONTROL OF COMMUNICABLE DISEASES IN DETROIT.—One of the distinctive differences between modern and ancient medicine is the great advance that has been made in preventing the extension of contagious diseases by the enforcement of proper sanitary laws.

The prevention of disease is the ideal of the doctor of to-day. While much has been achieved in the right direction by establishing boards of health and endeavoring to enact and enforce necessary sanitary laws, there remains still a vast amount of work to be done.

Legislative apathy in making suitable appropriations for adequate protection of the public health is responsible to a large degree for the spread of contagious diseases.

Michigan has done more to protect public health than many other States, but has had to contend with inefficient appropriations and lax medical laws in its pursuit of this laudable object.

The recent meeting of the Michigan State Board of Health, in Detroit, to consider the prevalence of diphtheria and scarlet fever in the city, brought out prominently that it is one thing to enact laws to prevent the spread of these diseases, and quite another to carry them out, when no facilities for proper isolation, imperatively essential to the execution of the laws, are afforded.

The conference between the representatives of the Michigan State Board of Health and of the Detroit Profession and Health Officer, resulted in the following resolutions:

Resolved, That it is the sense of this meeting that the health department of the City of Detroit should send some of its officials frequently to the infected houses to see that the patients are isolated, and the other rules of the board are complied with.

Resolved, That Mayor Pingree, Secretary H. B. Baker, and Dr. S. P. Duffield be constituted a committee to draw up a statement to the Common Council of the urgent necessity for a Contagious Diseases Hospital.

Both were adopted and referred to the Detroit Board of Health to devise some means of making the resolutions effective.

In the course of the discussion, it was shown that there was no provision by the municipal authorities for the support of patients with contagious diseases who should properly be quarantined.

The active agitation of this much-to-be desired Contagious Diseases Hospital in the daily press can do much to educate public opinion to demand of its Board of Estimates a suitable appropriation.

Let those of the profession, who are able, bring to bear what influence they possess. The accomplishment of such an object will give its promoters an enviable place in the esteem of the people of Detroit.

—*Med. Age.*

A DISTINGUISHED AURIST.—COMPLIMENTARY DINNER TO DR. LAWRENCE TURNBULL.—THE MEDICAL PROFESSION LARGELY REPRESENTED—LETTERS READ AND TOASTS RESPONDED TO.—AN assemblage of distinguished physicians and laymen did honor last evening to Dr. Lawrence Turnbull, the celebrated aurist, at the Colonnade Hotel. The occasion was a complimentary dinner tendered to that gentleman prior to his leaving for Europe on May 25, on a tour of the Continent.

The banquet hall of the Colonnade Hotel was graced by a notable gathering of professional and business men. The hall, set to represent a tropical scene, with masses of towering palms and ferns and myriads of bright lights, presented a brilliant scene, and under its warming influence wit and erudition were generously evolved.

After an elaborate menu had been fully discussed, grace having been said by Rev. Dr. Leverett Bradley, Dr. Charles P. Turner, who presided, arose and spoke briefly upon the event that had brought the gentlemen together, paid a tribute to the guest, and introduced those that responded to the toasts, which were as follows:

"The Philadelphia College of Pharmacy"—founded, Dr. Turner said, in 1821, the year of Dr. Turnbull's birth. Professor Joseph P. Remington, in responding to this, said that the institution was the pioneer in this country. It had not at first enough students to graduate, but last month sent forth 252, and at present there were 640 in attendance there. He spoke of the building now being erected for its use, and how this college is supported entirely by pharmacists. Dr. Turnbull was mentioned among its distinguished graduates. A complimentary letter was read from Mr. F. Gutekunst, the photographer, also a graduate. Mr. C. C. Meyer, responded on behalf of the Alumni Association, and Edward H. Weil, Esq., Treasurer of the Board of Trustees of the Jefferson Medical College, spoke interestingly on the work and achievements of that institution, at which, so he had been told, there were more clinics and patients than any other medical college, with a single exception, in the world. He mentioned Dr. Turnbull as among the corps of professors that have contributed to its standing. Dr. Oscar H. Allis spoke in behalf of its Alumni, and was followed by Dr. Wilson Buckley. "Old Time Assistants," by Dr. A. B. Hirsh, and a Shakespearean recitation, by Dr. George Friebeis.

The other toasts were "The Howard Hospital," to which Mr. A. W. Hoopes and Dr. Lewis Brinton responded: "The Philadelphia Dental College," responses by J. E. Garretson, M.D., D.D.S., and H. L. Dorr, M.D., D.D.S.; "Our Honored Guest of the Evening," to which sentiment Dr. Turnbull answered very pleasingly as follows:

Gentlemen of the Committee of Reception, Kind Friends and Confreres:

It gives me great pleasure to return my warm and heartfelt thanks for the beautiful toast, and for the honor conferred in the words expressed in it.

When I look back fifty years I experience much pleasure not unmixed with sadness.

At that time I was young, full of ambition, and desirous of filling the important position of a pharmacist. This was attained after close study, in 1842, when I, with twelve others, received the degree from the Philadelphia College of Pharmacy. Of this number but two remain, all the other bright men, like the late Prof. Edward Parrish, have passed to a brighter sphere to receive the due reward of good deeds done in the body.

You have already heard from the gentlemen who have preceded me, a history of this most valuable institution which has done credit to the University of Pennsylvania, its nursing mother, and to the city of Philadelphia and State of Pennsylvania, which have aided and sustained it until it reflected back a twofold blessing. We were the first class that had a public commencement in the modest Hall on Zane street, which was crowded with our friends. The address was delivered by Prof. W. C. Fisher, who, alas! was not able to sign our diplomas, for death claimed so shining a mark. Finding, after a few years, that my health was not equal to the confinement, I determined to study medicine, and become a member of the medical profession, and my friend, Prof. John Kiersley Mitchell, presented me with the use of his office, and entered me as his student in the Jefferson Medical College.

Dr. John K. Mitchell was a great and good man, and a noble member of our glorious profession, which has for our exemplar Jesus Christ, who went about doing good and healing the sick. My preceptor was a warm and loving friend whose constancy was proverbial, his patients loving him as a father and a true friend. He was also head and shoulders above the majority of his professional brethren in his scientific and literary attainments.

I graduated in the class of 1845 from the Jefferson Medical College, and its professors were truly an honor to any institution, being such men as Mitchell, Meigs, Muller, Pancoast, Dunglison, and Beache, a bright galaxy of eminent teachers and lecturers as ever filled the chairs of a medical school.

The class was large, and many of them received in after years the fruits of the labors of such good instructors, they having conferred upon them the highest gifts of the people as governors, judges, authors and professors. Passing into active practice after receiving practical hospital instruction at the Almshouse, now the Philadelphia Hospital, I entered upon the work among the sick poor as one of the out-door physicians of the Guardians of the Poor, and vaccine physician.

In the year 1856 I was honored by being elected without solicitation to the Department of the Diseases of the Eye and Ear in the Western Clinical Dispensary, now the Howard Hospital, and have continued for thirty-six years as one of its medical staff, and on resigning was elected one of the Board of Managers. During my incumbency it passed from being a hospital without beds to one of the most complete and perfect of its kind, with every sanitary arrangement and modern improvement. During my service as aural and ophthalmic surgeon I endeavored by successful treatment and careful study of my cases to make them practically useful to my medical brethren by publication in the medical journals, and subsequently published a "Clinical Manual of Diseases of the Ear." I was then invited by the Faculty and Trustees of the Jefferson Medical College to organize a distinct department of otology, as ophthalmology had no distinct connection with otology, and was elected aural surgeon to the new hospital, which was chiefly the work of the Alumni, who not only collected thousands of dollars from their friends, but many of them not rich gave of their savings. It has been in the past in charge of them and the Faculty, but we now regret to say has passed entirely out of their control and management. We are fully of the opinion that no medical school or literary college will have true prosperity without the active aid, sympathy and co-operation of its Alumni. We received from the Ophthalmic Department a few old instruments and two patients, but now from contributions from friends, and the liberal action of the Board of Trustees, we have everything that is required by the Aural Department. Now we have a large attendance from all parts of the country, and what we still want is more commodious quarters and a small ward in our new hospital, of which you have heard an account this evening.

In concluding this somewhat egotistical statement, in which I have indulged like most old folks, I have still to state that I had the honor to be elected a Trustee of the Philadelphia Dental College, which is now, with its new buildings, hospital, etc., considered the first institution of its class in the world, and draws its students from every country. Its graduates, most of them M.D.'s as well as D.D.S.'s, are highly educated gentlemen in every department of medicine and dentistry, and are now received on a par with

the best medical men, many of them holding high and important positions in the community.

Again thanking you for your courtesy, I bid you farewell.

A historical sketch of otology was presented by Dr. S. MacCuen Smith, which will be found in our original department.

Letters of regret at their inability to be present were read by Dr. Adolph W. Miller from Professor Henry Hartshorne, Mr. Edwin H. Benson, Dr. William M. Welsh, Dr. Albert Fricke, Dr. James Levick, Dr. William Pepper, Dr. Samuel Sexton, of New York city; Mr. Ferdinand J. Dreer, Professor Lewis A. Sayre, of New York city; Dr. D. P. Miller, of Huntingdon, Pa.; Dr. J. H. W. Chestnut, Dr. F. P. Castle, Dr. J. Foster Flagg and Dr. E. T. Borden. Among others unable to be present were Dr. A. K. Minnich, Dr. Louis Jurist, Dr. Carl Seller, Dr. J. H. Musser, Dr. Lawrence Wolf, Professor J. M. DaCosta, Dr. Lewis W. Steinbach, Dr. Thomas C. Stellwagon, Dr. Roland G. Curtin, Dr. B. F. Baer, and Dr. William F. Waugh.

Among those who took part were Dr. Charles A. Weidemann, Dr. Lewis J. Lautenbach, Dr. J. C. DaCosta, Alonzo Robbins, Ph.G., Professor Joseph P. Remington, Dr. Caleb W. Horner, C. Cresson Wistar, Esq., Dr. A. B. Hirsh, Dr. Adolph W. Miller, A. W. Hoopes, Esq., Dr. S. Mason McCollin, Cockroft Thomas, Esq., Dr. S. MacCuen Smith, Henry S. Cattell, Esq., William P. Cresson, Esq., Dr. Charles K. Mills, Dr. L. Webster Fox, Professor J. E. Garretson, Dr. George J. McKelway, Edward H. Weil, Esq., Dr. Judson Daland, Dr. George Friebe, Dr. Charles S. Turnbull, Dr. Wilson Buckley, Henry I. Dorr, Esq., Dr. Charles M. Thomas, Dr. DeForest Willard, Caleb Cresson, Howard B. French, Dr. Isaac Leopold, Dr. James Collins, Dr. Charles P. Turner, Dr. Charles S. Greene, C. Carroll Meyer, Esq., Dr. S. Lewis Ziegler, Dr. T. Chalmers Fulton, William B. Madara, Esq., Dr. D. P. Miller, Dr. T. Ashley Faught, Dr. J. Bruce Burns, Dr. J. T. Hoskinson, Dr. Oscar H. Allis, Dr. George F. Sowers and Dr. Lewis Brinton.

THE JAROS UNDERWEAR.—As long ago as 1887, we called attention to the merits of the Jaros fabrics as materials for underclothing. The importance of the matter is hardly understood by the profession generally. To what a degree the health of the individual is influenced by the nature of the clothing next his skin, may be seen from the following instance: A youth, who had never before indulged in such a luxury, became possessed of a set of silk underwear. He tried to wear them, but was affected with chilly sensations and coryza as long as the silk was worn. Thinking that this would wear off, he persisted for a season in the use of the new garments; but even in midsummer he experienced the same disagreeable sensations; and, in fact, laid the foundation of a catarrh that required a long time to cure.

This was perhaps an idiosyncrasy, but there are many persons who exhibit similar peculiarities. It behooves the careful physician to look into this matter, and ascertain how far the welfare of his patients may be enhanced by a prescription of suitable clothing.

At the Harvard Medical Society of New York City, Dr. F. H. Daniels read a paper upon "Hygienic Clothing," in which he speaks thus of the Jaros goods:

"It will be seen that wool answers each requirement of a perfect clothing material in the highest degree; and it only remains for us to determine how

wool shall be used so as to take the greatest advantage of its properties. Until recently, the only woollen fabric we have been acquainted with practically has been flannel, where the wool is first spun and then woven more or less tightly into a fabric. By this means the value of all the properties which make wool pre eminent as a clothing fabric is diminished ; and laboratory experiments made with wool, as it comes from the sheep do not agree with those made on flannel—*i. e.*, spun and woven wool. In order to preserve the absorptive property of wool in the highest degree, the fibers must be arranged with their points against the skin, and not longitudinally, as in a woven fabric. This idea has already been recognized and taken advantage of by the originator of the Jaros hygienic underwear. It is unspun wool caught into the mesh of a loosely-knitted cotton back in such a manner as to preserve unimpaired all the properties which make wool valuable as a clothing fabric. Let me briefly recapitulate the qualities demanded of a clothing fabric, and then tell me if this fabric does not answer these requirements in the most admirable manner. It should be hygroscopic, porous, and so loosely woven as to include more or less air in its meshes. For, as has been pointed out above, less heat is lost by radiation if the body is surrounded by a layer of hair heated to the body temperature or thereabout. Krieger has already called our attention to the fact that the outer frame-work of a fabric is but secondary in importance of action, as a covering or clothing material, when the material next the body has the important qualities just mentioned as being possessed by the Jaros hygienic underwear. I have here a sample of the latest production of the Jaros Company, which may be said to be the most perfect clothing fabric made. The frame-work or back of this is silk, rendering the fabric still lighter. The arrangement of the wool is such that, by capillary attraction, perspiration is absorbed, and carried to the silk or cotton back, whence it is evaporated into the surrounding atmosphere ; and this attraction is so great that the back may be thoroughly saturated, while the wool next the skin is perfectly dry. When our clothing is damp from perspiration, or from any other cause, our bodies lose just as much heat as the moisture in the clothing is capable of absorbing. The importance of always having dry material next to our skin is evident ; and the material which will retain the least moisture is the best. Woollen fiber is found to answer this purpose more nearly than any other. The Jaros material is highly porous, allowing free ventilation ; at the same time a large amount of air can be caught, and rendered to a certain extent immovable, thus preventing too rapid loss of heat by radiation. Von Ziemssen, in vol. xviii of his 'Encyclopædia,' says : 'A material of loose texture confining much air in its interstices is warmer than the same amount of clothing material closely woven. Wool or cotton, carded and spread out in the shape of a wadding and held, will make a warmer garment than the same quantity spun and woven and similarly covered. This applies with force to underclothing.' This fabric does not shrink ; for cotton, the material of which the frame work is made, never does to any extent.

"While citing perfection attained in clothing materials, we are confronted by the Jaeger material, or stockinet, a loosely-knitted flannel made of pure wool, and comparing most favorably with the pure knitted woollen garments of the old-established and renowned manufacturers, Cartwright & Warner, of England. Carefully-selected wool is, no doubt, the

great claim for this fabric, which is well as far as it goes. In the Jaros material, on the contrary, we find a practical accomplishment of scientific theories, the caprice of no one scientist having been followed out, and, in contradistinction to 'systems,' in which the professional world finds nothing new, we have a simple, practical, scientific material.

"It is only recently that I have had my attention drawn to this Jaros wear, and have had an opportunity of testing it ; and I must confess that nothing has given me such personal satisfaction and comfort. I have gone out into the cold from a small, overheated tenement house room, after performing a difficult and tedious obstetrical operation, with my white shirt saturated with perspiration, and have felt no trace of chill. And I have found on reaching home that, although my white shirt and the cotton back of my Jaros wear were wet, the wool next the skin was perfectly dry, as well as the skin itself. And this winter, for the first time in years, I have had no nasal catarrh, from which I usually suffer every autumn and winter ; and I attribute my escape so far solely to my Jaros underwear. And, in this connection, let me say that Dr. O. B. Douglas, in a discussion before the Post-Graduate Clinical Society, on the treatment of nose and throat diseases, expressed himself equally pleased with this wear.

"Underwear of this description is of inestimable value to those whose occupation compels them to go from place to place where the temperature is continually changing ; for, no matter how high or how low the temperature of the surrounding air is, the skin is perfectly protected against any sudden change."

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending May 21, 1892.

HORWITZ, P. J., (retired) Medical Director. Granted six months' leave to go abroad.

LOVERING, P. A., Surgeon. Detached from the U. S. S. "Philadelphia," and granted two months' leave of absence.

CRANDALL, R. P., Passed Assistant-Surgeon. Detached from the Naval Laboratory, Brooklyn, N. Y., and to the U. S. S. "Philadelphia."

BOGERT, JR., E. S., Assistant-Surgeon. Detached from Coast Survey Str. "Blake," and to the Naval Laboratory, Brooklyn, N. Y.

GUTHRIE, J. A., Assistant-Surgeon. Detached from Post Royal Station, S. C., and to Coast Survey Str. "Blake."

ECKSTEIN, H. C., Surgeon. Granted leave of absence for six months.

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